

Inspection Report

9 October 2023



Lakeview

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Spa Nursing Home Ltd Responsible Individual: Mr Christopher Philip Arnold	Registered Manager: Mr Binu Chacko Registered: 15 July 2022
Person in charge at the time of inspection: Mr Binu Chacko	Number of registered places: 42 There shall be a maximum number of 21 residents within NH-DE Category of Care.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 33
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 42 patients. The home is divided over two floors and there are two units. Orchard unit is located on the ground floor and provides nursing care for people with primary needs relating to old age and physical disability. Stafford unit is located in the first floor and provides nursing care for people living with dementia. Both units provide care for people at the end of life.	

2.0 Inspection summary

An unannounced inspection took place on 9 October 2023 from 9.40 am to 5.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Five previously identified areas for improvement were reviewed and assessed as met. Two areas for improvement identified at the last medicines management inspection were not assessed during this inspection and were carried forward. Three new areas for improvement were identified in relation to staffing arrangements in Stafford unit, the provision of patient lifting equipment, and the upkeep and repair of damaged window frames.

The home was clean and tidy, and the internal temperature was comfortable for the season.

Patients described living in Lakeview as a generally positive experience and were particularly complimentary about staff. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff were observed to be warm and engaging during interactions with patients and there was evidence of positive working relationships between staff and management.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients and staff were spoken with individually and in small groups about their experiences of living and working in Lakeview. Relatives were consulted about their opinions on visiting the home.

Patients spoke in positive terms about living in the home. Patients described staff as “friendly and helpful”, “warm”, “funny”, and “attentive.” Some patients living in Stafford unit said that staff were very hard working but that there was not always enough staff on duty and said that sometimes they had to wait for long periods of time to get assistance. This is discussed in more detail in section 5.2.1.

Patients told us that they felt comfortable and cared for and that they viewed Lakeview as “home.”

Relatives said that they were very satisfied with the delivery of care in the home, with comments such as, “staff do everything they can for my (loved one)”, and “the main thing is staff treat everyone with respect.”

Relatives said that visiting arrangements were working well and that they knew how to raise any issues or concerns if they needed.

Staff told us that they were happy working in Lakeview and that they saw patient welfare as their main priority. Staff said that they were supported through training and good communication between staff and management. Some staff expressed that they felt there was not enough staff on in Stafford unit in the afternoon and evening and that this caused added pressures when trying to manage risks such as falls and behaviours associated with dementia such as ‘sundowning’. Concerns raised by staff were discussed with the management team and is referenced in section 5.2.1.

No completed questionnaires or staff survey responses were received within the allocated timeframe.

A record of compliments received about the home was kept and shared with the staff team, this is good practice

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 1 August 2023		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 22 Stated: Second time	The registered person shall ensure that a falls prevention review is carried out for the identified patient, that onward referral is conducted where indicated and that staff adhere to the resulting care plan.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 39 Stated: First time	The registered person shall ensure that enhanced dementia training is provided to staff. Training to include a focus on behaviours associated with dementia that can be challenging.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 14 Criteria 26 Stated: First time	The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home.	Met
	The inventory record is reconciled at least quarterly. The record is signed by the staff members undertaking the reconciliation.	
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for improvement 4</p> <p>Ref: Standard 23 Criteria 2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that pressure preventative care plans are in place for patients assessed as being at risk of skin breakdown.</p> <p>Care plans to stipulate recommended frequency of repositioning and detail any specialist equipment in use, such as pressure relieving mattresses.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 46</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients' personal hygiene items are stored appropriately to maintain infection prevention and control standards.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the arrangements for the management of insulin are reviewed. This relates specifically to not using abbreviations when recording insulin doses on the personal medication records and always recording the dates of opening of insulin pen devices.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 7</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all medicines management audit activity is recorded. This relates specifically to the recording of audits performed on medicines prescribed for regular administration.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member starting work in the home. All staff were provided with a comprehensive induction programme to prepare them for working with the patients. An induction booklet was completed to capture the topics covered during the induction.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

A range of training courses were provided to staff through an eLearning platform and the manager monitored staffs' compliance with mandatory topics on a monthly basis. Face to face practical training sessions were provided on a range of essential topics including, moving and handling, fire safety, first aid, continence care, catheterisation, and dysphasia.

Staff confirmed that they had received face to face training on dementia care and managing behaviours associated with dementia that can challenge. Staff also had access to the CLEAR Dementia Care App, which is a resource developed by the Northern Health and Social Care Trust to assist those caring for people living with dementia. Staff said that they found this resource to be useful.

Discussions with staff and review of records evidenced further support for staff through regular staff meetings. Records were well maintained.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The manager's working pattern was stated on the duty rota as well as identifying the nurse in charge in the absence of the manager. Any nurse taking charge of the home in the absence of the manager had a competency assessment completed to ensure that they held the necessary knowledge and skills.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Staff and patients in Stafford unit raised concerns in relation to staffing levels in the afternoon. Observations on the afternoon of the inspection evidenced that staff struggled to meet the needs of patients in a timely manner. This was discussed with the management team and the manager acknowledged that following a recent review of patient dependencies and staffing levels he had planned to increase the staffing in the afternoon, however this had not been formally implemented. An area for improvement was identified.

Staff said there was good team work and were observed to be polite and professional towards each other and visitors, and to be warm and reassuring in their interactions with patients. Patients and relatives spoke positively about staff.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Good practice was observed in relation to staff promptly recognising patients' needs and any early signs of distress, especially with those patients who had difficulty making their thoughts and feelings known. Staff were skilled in communicating with patients and displayed compassion and sensitivity during interactions that could be seen as challenging. For example, when a patient with dementia started to display feelings of anxiety and fear, staff used distraction techniques by talking with the patient about things that were familiar and comforting like the patient's family. Staff used positive communication skills by sitting by the patient, giving good eye contact, listening, and speaking in a calm and reassuring tone. This was seen to have a positive impact on the patient.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position and records were maintained.

Discussions with staff and observations of practice showed that there were sometimes delays in repositioning or transferring patients as one patient lifting hoist was used between both floors. Discussion with the manager and review of lifting equipment audits evidenced that a second hoist was broken and had been out of use since May 2023. An area for improvement was identified.

Following the inspection, the regional manager confirmed in writing to RQIA that a new hoist had been ordered.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, mobility aids such as walking frames were used as recommended by Trust occupational therapy specialists, staff provided supervision and or assistance with mobility where required, and patient areas were maintained clutter free.

Examination of records confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, patients were referred to the Trust specialist falls service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The serving of lunch and tea trolley rounds were observed and seen to be a relaxing, social, and unhurried experience. Staff were seen to offer choices of food and drinks and a menu in the dining room displayed at least two choices. The food was attractively presented, smelled appetising, and portion sizes were appropriate.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Patients spoke positively about the care provided, with comments such as, "it's like a hotel with a medical wing", "we are very well cared for", "we are looked after very well."

Relatives told us that they were very satisfied with the care provided in the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, communal lounges, dining rooms, bathrooms, corridors and storage areas.

The home was warm, clean, and comfortable. Patients confirmed that their bedrooms were cleaned daily and there was nice personalisation of bedrooms with items of interest or importance to patients. Communal lounges and dining rooms were suitably furnished.

Some relatives and one patient commented that the home would benefit from some redecorating, and observations of the environment confirmed that some areas required freshening up. This was discussed with the management team who confirmed that a rolling redecorating programme was ongoing and that there were plans to attend to some communal areas. This will be reviewed again at future inspections.

A number of windows were seen to have gaps between the frames and the building and some windows displayed notices advising people not to open. Review of maintenance records evidenced that issues had been identified with some window hinges in May 2023. Discussion with staff and management, and review of records evidenced that this had been escalated to the organisation's health and safety department in June 2023. An area for improvement was identified.

Following the inspection, the regional manager provided written assurances that the necessary works would be completed as a matter of urgency.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were maintained free from clutter or obstruction. Fire extinguishers were appropriately fixed to the walls and easily accessible. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, there was adequate supply of personal protective equipment (PPE) and cleaning supplies, staff had training in infection prevention and control (IPC), IPC audits were completed monthly, and the home liaised with the Public Health Authority (PHA) if and when required.

Patients and relatives said that they were satisfied with the level of cleanliness in the home.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedroom, but could avail of communal rooms if they wished.

Patients told us that staff knew them well and helped patients to feel at home. For example, having bird feeders outside the bedrooms of patients who liked wildlife.

Patients told us that staff would help to organise parties for special occasions such as birthdays and that they were looking forward to the upcoming Halloween party.

A structured activities programme had been in place up until the start of October, however the post of activities coordinator was vacant. One patient commented that they would like to avail of more organised activities and said that they sometimes felt bored. The management team confirmed that they planned to recruit into the vacant activities post.

It was positive to note that all patients had a life story completed, which detailed important life events, significant people in their lives, and occupational and recreational interests.

Care staff provided some interim activities such as pamper sessions, games, and playing patients' favourite music. It was acknowledged that care staff did not always have the time to coordinate activities due to other workload demands. The provision of activities will be reviewed again at the next inspection.

Staff recognised the importance of maintaining good communication with families and would assist patients to make video calls or phone calls to family.

Visiting arrangements were in place and relatives told us that these arrangements were working well.

Patients were encouraged to participate in regular meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, menu choices or planning activities. Records were maintained of attendance and topics discussed at the meetings. It was noted that the records did not contain an action plan, despite actions being identified within the meeting minutes. This was brought to the attention of the manager and will be reviewed at the next inspection.

Patients told us that living in Lakeview was a positive experience, with one patient saying, “there is a lot of good in this place.”

5.2.5 Management and Governance Arrangements

There had been no change in the management of the home since the last inspection. Mr Binu Chacko was appointed manager on 6 June 2021 and became registered with RQIA on 15 July 2022.

There was a clear management structure in place and staff were aware of who was in charge of the home at any given time.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home’s safeguarding policy. The regional manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Relatives spoken with said that they knew how to report any concerns and said they were confident that the any issues raised would be managed correctly.

There was a system in place to manage complaints and records were well maintained.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients’ next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

Staff commented positively about the manager and described him as supportive, approachable and always available for guidance.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	3	2*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Binu Chacko, Manager, and Mrs Linda Graham, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: Immediate action required	The registered person shall ensure that the staffing levels are maintained in the home at all times to meet the needs of the patients. Ref: 5.2.1
	Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Regulation 12 (2) (a) (b) Stated: First time To be completed by: Immediate action required	The registered person must ensure all aids and equipment are in good working order and are in sufficient numbers to meet the needs of the patients. This area for improvement is made with specific reference to the availability of hoists. Ref: 5.2.2
	Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Regulation 27 (2) (b) Stated: First time To be completed by: 31 October 2023	The registered person should ensure that a survey of all window openings in the premises is undertaken, and suitable remedial works are implemented to ensure that all window openings can be safely opened to a safe point of opening of no more than 100mm. Ref: 5.2.3
	Response by registered person detailing the actions taken:

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 29 Stated: First time To be completed by: Ongoing from the date of inspection (1 August 2023)	The registered person shall ensure that the arrangements for the management of insulin are reviewed. This relates specifically to not using abbreviations when recording insulin doses on the personal medication records and always recording the dates of opening of insulin pen devices. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 28 Stated: First time To be completed by: Ongoing from the date of inspection (1 August 2023)	The registered person shall ensure that all medicines management audit activity is recorded. This relates specifically to the recording of audits performed on medicines prescribed for regular administration. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

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