

Inspection Report

14 April 2022



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 – not registered
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: 28
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. The ground floor provides nursing care for people with primary needs relating to old age and physical disability. The first floor provides nursing care for people living with dementia. Both floors provide care for people at the end of life.	

2.0 Inspection summary

An unannounced inspection took place on 14 April 2022 from 9.30 am to 5 pm by a care inspector.

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

Areas for improvement identified at the last care inspection were reviewed; five were assessed as met, and one was partially met and has been stated for a second time.

New areas for improvement were identified in relation to; enhanced training around behaviours associated with dementia, storage of patients' personal hygiene items, care records relating to pressure prevention, and patients' personal effects records.

The home was found to be clean, warm, and well lit, with a welcoming atmosphere. Patients looked well cared for in that they presented as comfortable and attention had been paid by staff to their personal care and dressing needs.

Staff were seen to respond to patients' needs and requests in a prompt and polite manner. Interactions between staff and patients were warm, and while staff were seen to provide reassurance to patients who displayed confusion, some staff were observed to have difficulty when responding to some patients who had repetitive questions or behaviours. On the whole, staff displayed warmth and patience towards patients; however some staff told us that they would like to have more enhanced training on dementia. This is discussed further in section 5.2.1.

The outcome of the inspection confirmed that the care in Lakeview was delivered in a safe, effective and compassionate manner. There was a management structure in place with governance systems to provide oversight of service delivery. Compliance with the areas for improvement identified will further enhance care delivery and service provision.

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 and 'Tell Us' cards 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 Binu Chacko, Manager, and Linda Graham, Regional Manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection seven patients, three relatives, and six staff were spoken with. One relative completed and returned a questionnaire and their views are included in this report. No staff survey responses were received within the allocated timeframe.

Patients told us that they were happy with the care and described staff as “excellent” and “good.” Patients said that the food was good, and while one patient said that they “only get biscuits with tea”, discussion with kitchen staff confirmed that a range of options were available for patients to snack on between main meals, including yogurts and puddings. Observation of the drinks and snacks trolley showed a choice of biscuits, fruit, and ice cream.

Patients said that their bedrooms, and the home in general was kept clean and tidy, and that Lakeview was a “nice place”.

Relatives said they were happy with the care and services provided in Lakeview, describing the care as “excellent”. Relatives said that staff members were lovely and welcoming.

Relatives said that the patients get everything that they need and that the communication from the home is good. The returned relative questionnaire indicated that they were very satisfied that the home was delivering safe, effective, and compassionate care, and that the service was well managed.

Staff told us that they were happy working in Lakeview and that they viewed the home as being of good standard. Staff spoke warmly about the patients and displayed a passion for delivering good care.

Staff said that they were supported through good communication with the manager, positive teamwork, and training. Some staff commented that while they had received training in dementia care, and had an additional video session on behaviours that challenge; they felt unsure at times about how to respond to some behaviours and symptoms associated with dementia. Staff expressed that they would benefit from more enhanced sessions in which they could discuss their experiences and work through particular scenarios.

Staff said that the provision of activities for patients had improved over the last year, as a result of an increase in activity coordinator hours and that staff felt more confident to lead on some social activities in the absence of the coordinator.

Staff told us that they felt supported by the home manager and the regional manager, and that they could approach anyone in the management team if they had queries or concerns.

It was positive to note that a record of compliments received about the home was kept and shared with the staff team.

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 23 July 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 20 (1) (c) (ii) Stated: First time	The registered person shall ensure that the system for checking staffs' registration status with Northern Ireland Social Care Council (NISCC) captures newly recruited staff.	Met
	Action taken as confirmed during the inspection: Governance records showed that newly recruited care staff were included in the regular registration checks.	
Area for Improvement 2 Ref: Regulation 27 (4) (a) Stated: First time	The registered person shall ensure that any recommendations made following a fire risk assessment are actioned and that the risk assessment is updated to reflect progress made.	Met
	Action taken as confirmed during the inspection: The most recent fire risk assessment report had been updated to indicate that recommendations had been addressed.	
Area for Improvement 2 Ref: Regulation 27 (2) (d) Stated: First time	The registered person shall ensure that the décor and furnishings in the home are maintained to a reasonable standard. An action plan should be submit to RQIA detailing what areas will be refurbished and the expected timescale for completing these works.	Met
	Action taken as confirmed during the inspection: Review of the home's environment evidenced that the décor and furnishings improvement action plan had been implemented.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 22 Stated: First time	<p>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.</p>	Partially met
	<p>Action taken as confirmed during the inspection:</p> <p>The identified patient's care records showed that a falls prevention review had taken place and that onward referral to the Trust falls prevention team had resulted in recommendations being made by the falls team specialist.</p> <p>However, the patient's care plan did not include the falls prevention team advice; the care plan was not reflective of changes in the patient's mobility; and staff had not fully adhered to the falls team recommendations.</p> <p>Further details can be seen in section 5.2.2.</p> <p>This area for improvement was partially met and has been stated for a second time.</p>	
Area for Improvement 2 Ref: Standard 46 Stated: First time	<p>The registered person shall ensure that infection prevention and control issues identified in the environment and practice are addressed and monitored.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of the home's environment showed that the infection prevention and control issues previously identified had been addressed.</p>	
Area for improvement 3 Ref: Standard 11 Stated: First time	<p>The registered person shall review the provision of activities in the home and provide an activities programme that is meaningful to patients.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The hours allocated to an activity coordinator had been increased since the last inspection. Activities were seen to take place during the inspection, and staff reported an improvement in consistency with activities provision. An activities planner was in place, catering for a range of interests.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly prior to commencing work. Staff were provided with a comprehensive induction to their respective roles. Staff members were seen to provide support to a new staff member through shadowing, and encouraging dialogue about how to do things and why they were important.

A system was in place to check that staff were appropriately registered with either the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC), and that their registration remained valid. The checking system included newly recruited staff that were new to care and in the NISCC application process stage.

The duty rota accurately reflected 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. Records showed that safe staffing levels were determined and/or adjusted by the Manager using a tool to measure the dependency levels of patients in the home. The home's occupancy levels were also recorded on the duty rotas.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics specific to their role. Staff said they valued the training provided although they felt elements of the dementia training did not adequately prepare them for supporting patients who have behaviours that challenge. Staff were observed to be warm and caring in their interactions with patients, although at times it was noted they did not have the required skills to manage some challenging situations; this had the potential to impact on patient outcomes. This was discussed with the Manager who confirmed additional dementia training and support would be provided to staff as required, the outcome of which will be monitored to ensure the training is embedded into practice. An area for improvement was identified.

Staff told us that they understood their roles and responsibilities in relation to reporting any worries or concerns they may have about patient care or the running of the home. Staff engagement in the running of the home was further supported with regular staff meetings, and the Manager maintained records pertaining to staff attendance, agendas covered, and any actions required.

Records showed that staff were provided with regular supervision and annual appraisals. The manager maintained oversight using a yearly planner.

Patients told us that they were looked after "the very best", and that while staff members were "busy" they got everything they needed and described staff as "very good" and "nice".

Relatives said that they were happy with the staffing arrangements and described staff as lovely and welcoming. Relatives said that communication from staff was good and that staff kept them up to date with relevant information.

5.2.2 Care Delivery and Record Keeping

Systems were in place to ensure that patient's needs were communicated to staff through care records and verbal handover meetings at the beginning of each shift. Staff confirmed that adequate time was allocated to each handover to ensure they knew the priority tasks for that shift and were updated with any changes in patients' needs.

Patients' records were held securely to maintain confidentiality. Patient personal property records showed that records were not maintained up to date or verified by two staff in line with care standards. This was identified as an area for improvement.

Patients' needs were assessed at the time of admission to the home. Following this initial assessment, care plans were developed to direct staff on how to effectively meet patients' needs. There was evidence of appropriate onward referral to other healthcare professionals such as speech and language therapy (SALT), dietetics, and podiatry, and recommendations made by specialist services were maintained.

Daily records were kept of how each patient spent their day and detailed the care and support provided by staff.

Patients who are less able to mobilise require assistance from staff to change position on a regular basis to reduce the risk of skin breakdown. Supplementary records maintained by care staff showed that patients were assisted with repositioning regularly, and patients looked comfortable following these interventions.

Patients who are assessed as being at risk of skin breakdown should have a care plan in place to stipulate the frequency of repositioning, and detail any specialist equipment used such as pressure relieving mattresses. Inconsistencies were found in relation to pressure prevention care records; some care plans did not state the recommended frequency of repositioning, the type and required setting of pressure relieving mattress was not always stated, and for one patient identified as being at risk there was no care plan in place. An area for improvement was identified.

Some patients were assessed as being at risk of falling, and care plans were in place detailing measures to reduce this risk, for example, the use of equipment such as bed rails or alarm mats, or environmental measure such as uncluttered spaces.

For one identified patient; a review of falls management had taken place resulting in onward referral to the Trust falls prevention team. Recommendations made by the falls prevention team were not clearly stated in the patient's care plan, and there were inconsistencies in the implementation of these recommendations. This area for improvement was partially met from the previous care inspection and was stated for a second time.

Good nutrition and a positive dining experience are important to the health and wellbeing of patients. The serving of lunch was observed and found to be a pleasant and unhurried experience.

Staff were seen to assist patients with the range of support they required during the meal. A menu displaying two choices was on display and staff members were seen and heard to offer patients choice of food and drinks on offer.

The food looked and smelled appetising and portion sizes were generous. Patients were seen to choose where they wished to have their meal, with some choosing to eat in their bedrooms or quiet lounges, and some joining fellow patients in the communal dining rooms. Patients told us that they enjoyed the meal and described the provision of food in general as “lovely” and “excellent”.

Records showed that patients were assessed at least monthly using the malnutrition universal screening tool (MUST), oral and chocking assessments. Care plans were in place and included recommendations from SALT and/or dietetics, and referenced patients’ likes and dislikes. Records were maintained of what each patient ate and drank on a daily basis. Patients’ weights were monitored at least monthly.

Staff expressed that patient wellbeing was of paramount importance and were seen to be respectful during interactions with patients, for example calling patients by their preferred names, or discussing intimate personal care needs in a discreet manner.

Patients looked comfortable in their surroundings and said that they got what they need when they need.

Relatives said that they were very satisfied with the quality of care provided, telling us that the care was “very good” and that the patients get all they need.

5.2.3 Management of the Environment and Infection Prevention and Control

Review of the home’s environment included a selection of patient bedrooms, communal lounges and dining rooms, communal toilets and bathrooms, corridors and storage areas. All areas of the home were found to be clean, warm, and well lit. Corridors and fire exits were uncluttered and clear of obstruction.

The most recent fire risk assessment was undertaken on 6 February 2021 and review of this report showed that any recommendations had been actioned. A fire risk assessment had been scheduled to take place on 11 March 2022, but was postponed due to an outbreak of COVID-19 in the home. The Regional Manager provided assurances that a rescheduled date would be secured. Following the inspection the Manager confirmed that a fire risk assessment visit took place on 2 May 2022 and they were awaiting the written report.

Recent environmental improvements to the décor of the home were noted on the ground floor, with freshly painted corridors providing a clean and bright look. Communal bathrooms were found to be clean; however two bathrooms were noted to have damaged paintwork on the walls and skirting boards. This was discussed with the Manager who confirmed that these areas were identified as requiring paint touch-ups and were on the home’s environmental improvements schedule. This will be reviewed at the next inspection.

Communal areas were adequately furnished and had homely touches such as patterned wallpaper, pictures, flowers, music stations, reading materials and games.

Patients' bedrooms were found to be clean and personalised with items of interest or importance to each patient. Some patients' personal hygiene items were found to be stored inappropriately, such as toothbrushes next to shaving razors. An area for improvement was identified.

COVID-19 information was on display at the entrance of the home and hand sanitiser and personal protective equipment (PPE) was available. Visitors had a temperature check and health declaration completed for track and trace purposes. Visiting to patients was by appointment only and relatives were encouraged to complete lateral flow tests (LFT) before arriving at the home. The home was participating in the regional testing programme for patients, staff and care partners, and any outbreak of infection was reported to the Public Health Agency (PHA).

Staff were seen to carry out hand hygiene at key moments and to use PPE appropriately. Audits of staff compliance with infection prevention and control (IPC) practices were conducted on a regular basis, and as often as daily during periods of infection outbreak.

Environmental infection prevention and control audits were completed on a regular basis by the Manager or an appointed staff member.

Patients told us that they were happy with the cleanliness in the home and that their bedrooms were cleaned daily.

5.2.4 Quality of Life for Patients

The atmosphere in the home was warm, welcoming and friendly. It was observed that staff offered patients choice, for example, regarding how and where they spent their time; some patients said that they preferred to spend time in their own bedrooms and to occupy themselves with their own interests, and this was accommodated by staff.

The hours allocated to activity coordinator had been increased since the last inspection, and staff told us that there had been improvements in the provision of activities. An activities planner was in place and on display for patients, staff and relatives, and included a range of interests, including arts and crafts, music sessions, and parties, along with one to one sessions.

During the inspection staff were seen to initiate social interactions, play music, and sing songs. The activities coordinator facilitated a tea party, which was attended by the majority of patients. The party included music and party foods, and patients said they enjoyed the company and atmosphere.

It was positive to note that patients admitted to the home had life stories completed, which contained details of familial, social and occupational histories of each patient. This is best practice and gives staff an understanding of who each patient is and was prior to moving into the home. An awareness of a patient's history helps convey the things that are important and of interest to each patient, which in turn enhances communication from staff and individualised activities planning. The Manager maintained a tracker of which patients still required some life stories work completed and provided assurances that this work would continue until all patients had a life story in place.

Staff expressed that having a homely atmosphere in the home was important and said that they “loved” the home and the patients.

Relatives told us that they felt welcomed in the home and that visiting arrangements were going well. Some relatives availed of the Department of Health (DOH) care partner initiative.

Patients told us that Lakeview was a “nice place”, and they looked comfortable and relaxed in their surroundings.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was at any given time. Discussions with staff also evidenced that they understood their roles and responsibilities in reporting concerns or worries about patient care, staff practices or the environment.

There had been no changes in the management arrangements of the home since the last inspection. Mr Binu Chacko was appointed manager on 6 June 2021 and an application for his registration with RQIA was ongoing.

Staff commented positively about the management team and described them as approachable and helpful.

Review of accidents and incidents which occurred in the home found that these were managed correctly and reported appropriately.

There was a system in place to manage complaints and the Manager told us that complaints were seen as an opportunity for the team to learn and improve.

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.

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.

Relatives said that they were very satisfied with the management arrangements and told us that the home was “well managed”.

Patients were aware of who the manager was and said they could speak to any staff or the manager if they had any issues.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	0	5*

*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Binu Chacko, Manager, and 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 Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 22 Stated: Second time To be completed by: With immediate effect	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. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: The Registered Person has updated the care plan for falls prevention to include all information supplied by the falls prevention team. The Registered Person has addressed with staff the importance of adherence to the falls prevention care plan.
Area for improvement 2 Ref: Standard 39 Stated: First time To be completed by: 30 June 2022	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. Ref: 5.2.1
	Response by registered person detailing the actions taken: The Registered Person has provided staff with challenging behaviour training. The Registered person is also going to carry out supervision on scenarios that challenge staff for learning and development.

<p>Area for improvement 3</p> <p>Ref: Standard 14 Criteria 26</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2022</p>	<p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home.</p> <p>The inventory record is reconciled at least quarterly. The record is signed by the staff members undertaking the reconciliation.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Person has completed a personal valuables record for all resident's belongings. These records will be reconciled quarterly and signed by staff members who are completing the reconciliations.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 23 Criteria 2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Person has completed pressure preventative care plans for residents who have been assessed as being at risk of skin breakdown. All care plans state repositioning frequency and details of pressure relieving mattresses in use.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients' personal hygiene items are stored appropriately to maintain infection prevention and control standards.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Registered Person has instructed staff on storage of personal hygiene items in order to maintain infection prevention and control standards.</p>

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