



# **Unannounced Follow Up Care Inspection Report 20 February 2019**



## **Lakeview**

**Type of Service: Nursing Home (NH)**  
**Address: 1c Orchard Road, Crumlin, BT29 4SD**  
**Tel No: 02894422733**  
**Inspector: Julie Palmer**

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 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 Arnold	<b>Registered Manager:</b> Dorothy Stafford
<b>Person in charge at the time of inspection:</b> Dorothy Stafford	<b>Date manager registered:</b> 1 April 2005
<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 registered places:</b> 42

### 4.0 Inspection summary

An unannounced inspection took place on 20 February 2019 from 09.00 to 14.40.

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.

The inspection sought to assess progress with the areas for improvement identified during the last care inspection on 27 September 2018.

We can confirm that all areas for improvement identified during the September 2018 inspection have been complied with.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- meals and mealtimes

Patients said:

- “It’s great here.”
- “I love it.”
- “Happy enough here.”
- “You won’t find any fault here.”

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>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Dorothy Stafford, registered manager and Linda Graham, regional manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 27 September 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

#### 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 11 patients, three patients' relatives and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' relatives. Ten patients' questionnaires and ten patients' relatives' questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed in the entrance hallway.

The following records were examined during the inspection:

- duty rotas from 11 February to 24 February 2019
- incident/accident records from 27 September 2018
- monthly quality monitoring reports undertaken since 27 September 2018 in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- infection prevention and control audits
- refurbishment plan
- a sample of governance audits

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 27 September 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 27 September 2018

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 27 (1) and (2)  <b>Stated:</b> First time	The registered person shall ensure that a refurbishment plan for the home is written, including timescales for completion, and submitted to RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A refurbishment plan was submitted to RQIA in November 2018. Discussion with the registered manager confirmed a budget had been approved for the refurbishment and works are due to commence March 2019. Some minor works and repainting had already been completed by maintenance staff.	

<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2) (c) <b>Stated:</b> First time	The registered person shall ensure that infection prevention and control measures in the home are in accordance with regional procedures and regulation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment and discussion with the registered manager and staff evidenced this area for improvement has been met.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The registered person shall ensure that the timing of mealtimes are reviewed to ensure that there is a sufficient period between breakfast and lunch.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and patients and observation of the mealtime experience evidenced this area for improvement has been met.	

## 6.3 Inspection findings

### 6.3.1 Staffing Arrangements

The registered manager confirmed the daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the nursing and care staff duty rotas from 11 February to 24 February 2019 evidenced that the planned daily staffing levels were adhered to. The registered manager confirmed that, as three peripatetic staff nurses were employed within the Spa Nursing Homes' group to cover sick leave and other absences, agency nursing staff were rarely required.

Staff spoken with indicated they were satisfied with staffing levels in the home and that the registered manager was approachable and supportive. We also sought staff opinion on staffing levels via the online survey; no responses were received.

Patients and patients' relatives spoken with indicated they were satisfied with staffing levels, although one patient commented "shortage of staff sometimes but generally okay." We also sought opinion from patients and patients' relatives on staffing levels via questionnaires; no responses were received.



Patients spoken with indicated that they were well looked after by staff and felt safe and happy living in Lakeview. Some comments received included:

- “Most staff are good, some go to get help and forget to come back.”
- “Very good, no problems.”
- “Staff are lovely.”
- “Everything is satisfactory.”
- “I don’t want to go home, like it here, staff are great.”
- “More or less okay.”
- “I’m happy here, staff are okay, but I want to go home.”

Relatives spoken with during the inspection commented that Lakeview was “a great place” and “staff are very pleasant.”

### Areas of good practice

Areas of good practice were identified in relation to deployment of staff and ensuring staffing levels met the assessed needs of patients.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3.2 Environment

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room, treatment room and stores. The home was found to be warm, fresh smelling and clean throughout.

As previously stated, in section 6.2, a refurbishment plan had been developed with works due to commence in March 2019. Planned works include replacing flooring in the lounges, stairs and entrance hallway, enhancing the dining room, replacement of bedroom furniture and redecoration where required. We observed that painting had been completed in one of the ground floor corridors and the ground floor lounge and furniture had been replaced in some of the bedrooms.

Personal protective equipment (PPE) stations were located throughout the home and were found to be generally well stocked. Hand sanitisers were in working order and refilled as required. There were two domestic staff on duty during the inspection and they were observed to be storing cleaning equipment appropriately. Isolated environmental issues were dealt with during the inspection.

We observed that, while sharps boxes were securely stored and the apertures were closed when not in use, they had not all been signed and dated. This was brought to the attention of the registered manager who assured us registered nursing staff would be reminded of their responsibilities and best practice guidelines in this area and the issue was resolved on the day.

### Areas of good practice

Areas of good practice were identified in relation to the development of a refurbishment plan and environmental improvement works already completed.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3.3 Meals and Mealtimes

We reviewed the timing of meals served in the home to ensure there was a sufficient period of time between these. We arrived in the home at 09.00 and observed patients to be enjoying breakfast either in the dining room or their bedroom as preferred. One patient was observed to be finishing breakfast in the dining room at 10.40; discussion with her confirmed a later breakfast had been her preference that particular morning as she had chosen to have a bath.

Discussion with the registered manager and patients evidenced that personal preferences were taken into account where possible around conventional meal times. Alternatives to the menu on offer were also available if requested.

We observed the serving of the lunchtime meal in the dining room and noted a menu was displayed reflecting the choices on offer that day. Patients were assisted to the dining room or had trays delivered to them as required. Lunch was served from 12.15 onwards; the food on offer appeared nutritious and was well presented. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime experience. Staff were chatting to patients while assisting them, the atmosphere was calm, pleasant and unhurried. There was a selection of drinks available. Staff demonstrated their knowledge of which patients required modified diets or fluids.

Patients spoken with indicated their satisfaction with the timing of meals and their enjoyment of the food; one patient commented "lunch was good and tasty". Another patient spoken with confirmed she preferred a later breakfast and lunch, served on a tray in her room, and that this was never a problem, staff were happy to accommodate her needs. A relative spoken with commented that "the food always looks lovely" and in several years of visiting the home he had always felt this was a consistently good area.

### Areas of good practice

Areas of good practice were identified in relation to accommodating patients' preferences around meal times and providing patients with alternative menu choices if required.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



## **7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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