

Unannounced Care Inspection Report 20 October 2016



Lakeview

Type of Service: Nursing Home
Address: 1c Orchard Road, Crumlin, BT29 4SD
Tel no: 028 9442 2733
Inspector: Donna Rogan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Lakeview Nursing Home took place on 20 October 2016 from 11:00 hours to 16:30 hours by Donna Rogan inspector.

The previous care inspection conducted on 06 June 2016 generated ten requirements and four recommendations. The inspection sought to assess progress with the issues raised during and since the last care inspection. Of the ten requirements eight have been fully met and two have been partially met. The registered and regional managers have provided assurances to RQIA that the outstanding areas will be completed as a priority. The outstanding issues are in relation to the renewal of saucepans, the renewal of the floor covering in the dry goods store, the repainting of the identified corridors and the replacement of the flooring in the first floor annex. A requirement is made to address the outstanding issues and provide the timescales for their completion in the completed Quality Improvement (QIP).

There was no enforcement action taken as a result of this inspection. Refer to sections 4.3 for details of the inspection findings.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Heather Murray, regional manager and Dorothy Stafford, registered 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 06 June 2017.

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Spa Nursing Homes Ltd Christopher Philip Arnold	Registered manager: Dorothy Stafford
Person in charge of the home at the time of inspection: Lorraine Donaghy, registered nurse in charge from 11.00 hours to 13.00 hours Dorothy Stafford from 13.00 hours	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

3.0 Methods/processes

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

Prior to inspection we analysed the following information:

- 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 (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with approximately 18 patients, four care staff, two registered nurses, two kitchen staff members one laundry assistant one domestic, the registered person, regional manager and three visiting relatives.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- staff training records
- accident and incident records
- notifiable events
- audits
- records relating to adult safeguarding
- complaints records

- Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) registration records
- minutes of staff, patients’ and relatives’ meetings
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- a selection of policies and procedures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 06 June 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 06 June 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20 (1) (a) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of the home’s environment evidenced that it was clean and tidy. A review of the duty rotas evidenced that there were two domestic staff and one laundry member of staff on duty from 09.00 to 13.00 hours during the week. At the weekends there is one domestic and one laundry member of staff on duty from 09.00 to 13.00 hours.	

<p>Requirement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person must ensure that care hours are sufficient to meet the needs of patients. Dependency levels should be reviewed in keeping with staffing levels. Records should be maintained of the review and staffing levels adjusted accordingly.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Following discussion with staff on duty and a review of the duty rotas care hours have increased in keeping with the needs of the patients. There was no concerns raised regarding staffing during the inspection.</p>		
<p>Requirement 3</p> <p>Ref: Regulation 18 (2) (g)</p> <p>Stated: First time</p>	<p>The registered person must ensure that the issues listed in section 4.3 of the report in relation to the management of the kitchen are addressed as a priority. Confirmation is required to RQIA that the issues have been addressed in the returned QIP.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the kitchen area evidenced that the issues listed in section 4.3 of the previous report were largely addressed. However, two outstanding issues have not yet been addressed they are in relation to replacing the flooring in the dried goods store and replacing the saucepans.</p> <p>A requirement is made in these regards for a second time.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 20 (1) (c) (iii)</p> <p>Stated: First time</p>	<p>The registered person must ensure that training is provided around cleaning practices and its' documentation. This area should be closely monitored to ensure that the training is embedded into practice and that the kitchen is maintained clean. Records should be retained of the monitoring process.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Following discussion with staff and a review of the training records it was evident that training had been provided to domestic and kitchen staff regarding the management of Control of Substances Hazardous to Health (COSHH).</p>		

<p>Requirement 5</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person must ensure that the staffing hours in the kitchen are not reduced until this area is brought up to standard and that the standard of cleaning is sustained. Records should be maintained.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Following discussion with kitchen staff and a review of the duty rotas evidenced that the kitchen hours have not been reduced. The kitchen was observed to be clean and tidy and cleaning schedules were being maintained.</p>		
<p>Requirement 6</p> <p>Ref: Regulation 27 (2)</p> <p>Stated: First time</p>	<p>The registered person must ensure that all the issues in relation to the management of the environment are addressed as listed in section 4.3. Progress of the action should be detailed in the returned QIP.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the general environment was undertaken. A plan has commenced to ensure the issues identified in the previous inspection.</p> <p>The risk assessment regarding the radiators in the home was not completed, the registered manager agreed to forward this to RQIA. RQIA can confirm that the risk assessments were forwarded following the inspection.</p> <p>The following issues remain outstanding;</p> <ul style="list-style-type: none"> • The ground floor corridors require to be repainted • A number of bedrooms still require to be repainted • The carpet should be replaced in the first floor annex <p>A requirement is made in the above regard for a second time.</p>		

<p>Requirement 7</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: First time</p>	<p>The registered person must ensure that supplementary care charts such as repositioning/food and fluid intake are maintained in accordance with best practice guidance, care standards and legislative requirements.</p> <p>The registered nursing staff should ensure these records are fully completed and consolidated at the end of a 24 hour period.</p> <p>Action taken as confirmed during the inspection: A review of supplementary care charts evidenced that they were being maintained in accordance with best practice guidance, care standards and legislative requirements.</p>	<p>Met</p>
<p>Requirement 8</p> <p>Ref: Regulation 23</p> <p>Stated: First time</p>	<p>The registered person must ensure management consider the comments made by staff. Management should meet with them to discuss their concerns and prepare an action plan to ensure concerns/issues are addressed as a priority. Records should be maintained of any actions taken.</p> <p>Action taken as confirmed during the inspection: Following discussion with staff and a review of the staff meeting minutes it was evident that staff meetings were held on 10 June 2016, 05 July 2016 and 11 August 2016. The planned agenda and minutes retained evidenced that management considered the comments made by staff. Details of the actions taken by management were retained.</p>	<p>Met</p>
<p>Requirement 9</p> <p>Ref: Regulation 17</p> <p>Stated: First time</p>	<p>The registered person must ensure that where audits have been completed that there is evidence that they have been analysed and that the appropriate actions are taken to address any shortfalls identified.</p> <p>Action taken as confirmed during the inspection: There was evidence that audits have been analysed and they were rechecked when issues were identified to ensure any relevant follow up action was taken.</p>	<p>Met</p>

<p>Requirement 10</p> <p>Ref: Regulation 21</p> <p>Stated: First time</p>	<p>The registered person must ensure that the relevant employment information is viewed by the registered manager and the records are retained in the home and made available for inspection.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of two staff members' personnel files evidenced that all the relevant information was in place and were made available for inspection.</p>		
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person should ensure when the registered manager is working as the second nurse on the floor that these hours are reflected on the duty rotas. Management hours should also be clearly identified. The duty rotas should also be completed legibly.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the duty rotas evidence the manager's hours worked in management and as nursing hours on the floor.</p> <p>The duty rotas reviewed were legibly completed.</p>		
<p>Recommendation 2</p> <p>Ref: Standard 36</p> <p>Stated: First time</p>	<p>The registered person should ensure that the policies and procedures are completed as a priority. Completed policies and procedures should be endorsed by the registered manager as discussed.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The regional manager confirmed that the policies and procedures are continuing to be updated as appropriate. Those reviewed were endorsed by the registered person.</p>		

<p>Recommendation 3</p> <p>Ref: Standard 16</p> <p>Stated: First time</p>	<p>The registered person should ensure that the record of complaints is reviewed to ensure the recording is legible and clearly written.</p> <p>Ref: Section 4.6</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the complaints record evidenced that they were appropriately managed in accordance with the home's policy. All the entries made were legible and clearly written.</p>	<p>Met</p>	
<p>Recommendation 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>		<p>The registered person must ensure that meetings are formally held and that records are held separate for training and individual discussions. An agenda should be set and an opportunity for staff to add items to the agenda should be put in place. Discussions at meetings should be relevant. Minutes should be held separately and shared with staff who have not attended the meeting. Actions should also be followed up at subsequent meetings.</p> <p>Ref: Section 4.4</p>
<p>Action taken as confirmed during the inspection:</p> <p>Following discussion with staff and a review of the meetings records it was evident that meetings had been held with staff on 5 and 10 June 2016 and 11 August 2016. They were well attended by staff. The minutes of the meetings were retained and staff confirmed that an agenda was in place and there was an opportunity to add topics for discussion to the agenda. Staff who did not attend the meetings were provided with opportunities to confirm read the minutes. There was a record in place to indicate that actions were followed up at subsequent meetings.</p>		

4.3 Inspection findings

Environment

A general review of the environment evidenced that the home was clean and tidy and there were no foul odours detected. Staff spoken with confirmed that the domestic hours have been increased and there were now two domestic staff on duty in the home from 09.00 hours to 13.00 hours, Monday to Friday and one domestic on duty on Saturdays and Sundays. All domestic

staff spoken with confirmed that the hours were sufficient to maintain appropriate cleanliness in the home.

The following issues remain outstanding;

- The flooring in the dry goods store should be replaced
- New saucepans should be supplied
- The corridor on the ground floor should be repainted
- The remaining bedrooms should be repainted
- Replace the flooring on the first floor annex
- Provide new flooring in the identified bedrooms and bathrooms

A requirement is made in this regard for a second time. A recommendation is also made that the external grounds are attended to.

Staffing

A review of the duty rotas for all staffing in the home was reviewed for two weeks commencing 17 October 2016 to 30 October 2016. It was evident that staffing levels had been reviewed in keeping with patients' needs. Dependency levels had been reviewed by the manager and were being maintained monthly. Discussion with staff and patients evidenced that they were satisfied that staff was sufficient in numbers to meet the needs of patients. The routine in the home has also been reviewed following discussion with staff and the manager states this will continue and staffing will be adjusted in keeping with the patients' needs.

Staff spoken with felt that morale in the home had improved and they felt they were being listened to they also stated that they felt that when issues were raised that they were being addressed by the manager.

The duty rotas were reflective of the manager's hours and they included the nursing hours worked by the manager. Staff spoken with stated that they were aware of when the manager would be in the home. Registered nursing staff stated that they felt they were well supported in the home and stated that staffing was sufficient to meet the nursing needs of patients.

Audits, complaints and policies and procedures

The audits were reviewed in relation to the management of care records, the management of bedrails, patient dependencies and complaints. All were conducted monthly by the manager and reviewed monthly by the regional manager as part of the Regulation 29 monitoring reports. The review assessed the auditing process as being maintained in keeping with best practice. Where action was required and action plan was prepared and there was evidence that the action plan had been addressed. There was also evidence of re-auditing where necessary by both the manager and the regional manager.

A review of the complaints records evidenced that they were being managed in keeping with Regulation 24 of the Nursing homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Information recorded in the complaints record was clear and legible.

Policies and procedures were being reviewed and updated in accordance with best practice. Most have recently been updated and all have been endorsed by both the registered manager and the registered person.

Staff training

Staff training was reviewed since June 2016 and evidenced that moving and handling training on 16 June 2016 and adult safeguarding had taken place on 5 October 2016. Kitchen and domestic/laundry staff had received training in COSHH on 14 June 2016. Kitchen and care staff had also received training in food hygiene on 16 July 2016. There was evidence on the day of inspection that this training was embedded in to practice. There were no areas of concern raised regarding food hygiene or COSHH during the inspection. Staff spoken with evidenced that they were knowledgeable in this area.

Areas for improvement

There is one requirement and one recommendation made.

Number of requirements	1	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dorothy Stafford, registered person and Heather Murray, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 27 (2)</p> <p>Stated: Second time</p> <p>To be completed: 31 December 2016</p>	<p>The registered person must ensure that all the issues in relation to the management of the environment are addressed as listed in section 4.3. Progress of the action should be detailed in the returned QIP.</p> <p>Ref: Previous requirement, section 4.3</p>
	<p>Response by registered provider detailing the actions taken: Areas identified in relation to the management of the environment are being addressed as follows:</p> <ul style="list-style-type: none"> - flooring of dry goods store has been replaced - new saucepans have been supplied to the home - the corridor on the ground floor has been repainted - there is a plan in place for the remaining bedrooms to be repainted and this is currently ongoing - New flooring on the first floor annex has been requested, awaiting contractors to fit - New flooring in the identified bedrooms and bathrooms has been requested, awaiting contractors to fit <p>Furniture is also being ordered for a number of rooms over the next few months.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2016</p>	<p>The registered provider should ensure the external grounds are attended to.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: A new maintenance man has now commenced employment in the home and he has completed some works to the the external grounds.</p>



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