

Inspection Report

23 July 2021



Lakeview

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

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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 Homes 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
Categories of care: 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.	Number of patients accommodated in the nursing home on the day of this inspection: 20
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 provides general nursing care for people with physical disability or palliative needs.	

2.0 Inspection summary

An unannounced inspection took place on 23 July 2021 from 8.45 am to 4.20 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.

All areas for improvement identified on the last inspection were reviewed and met.

Areas for improvement were identified in relation to professional registration checks, falls prevention practices for one identified patient, the environment, infection prevention and control (IPC), the provision of activities, and fire risk assessment.

Patients looked well cared for and spoke positively about the care provided. Patients who were unable to express their opinions looked comfortable.

Relatives were seen to visiting the home in line with Department of Health (DoH) visiting guidance. Care partner arrangements were in place and this initiative was found to be working well. Relatives said that they were happy with the care and services provided.

Staff were seen to meet patients' needs in a timely and professional manner.

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

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.

4.0 What people told us about the service

During the inspection ten patients, six staff and three relatives were spoken with. Three questionnaire responses were received from relatives within the allocated timeframe.

The majority of patients spoke highly about the staff, saying that staff were available to them when they needed something and that staff were "great", "very nice to me", and "nice and friendly". One patient expressed some dissatisfaction about staff. This one patient's care records were reviewed and a pattern of mixed satisfaction levels were found to be clearly documented with detailed multidisciplinary and next of kin involvement. There was evidence that the home, Trust key worker and next of kin were working together to try to meet this patient's expectations, and RQIA were satisfied that all reasonable action was being taken.

Patients told us that they were happy with the levels of cleanliness in the home and that visiting arrangements were in place and that they could avail of indoor visits with family by way of appointments. Patients also said that they were very happy with the variety and quality of food available, with some saying “its lovely, tasty, and good choice... they come every day and ask what you’d like”, and “the food is great...I’m getting fat”.

Patients expressed that they had choice throughout the day, from when they got up to where they spent their time. Some patients expressed that they were sometimes “a bit bored” during the day, and “not much on”. Patients said that they mostly occupied their own time between meals with watching television, reading, or “go sit in the garden...watch people coming and going”. Activities provision is discussed further in section 5.2.4.

Relatives spoke positively about staff and the care provided, with one saying “staff are not paid enough”. Relatives said that communication from the home was good and that they were kept informed. Relatives knew who the manager was and said that they would have no issues with approaching the manager or anyone in charge if they had any issues or concerns.

Staff said that they were “very happy” working in Lakeview. They said that they were supported well with induction programmes, training and resources, and that they felt there was adequate staffing levels in the home. Staff described good teamwork and told us that there was good communication between departments and management. Staff said that they had regular meetings and that they felt listened to by management. Recent management changes were discussed and staff felt that this transition was going well and that they had no concerns with the new structure. Management arrangements are discussed further in section 5.2.5.

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 9 February 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (2) (d) Stated: First time	The registered person shall submit an action plan to RQIA detailing with timescales how the necessary planned decoration improvements to the home will be met.	Met
	Action taken as confirmed during the inspection: This area for improvement was met with the submission of a refurbishment plan and ongoing environmental improvements. It was identified that further, more extensive improvements were required on the ground floor and this will be stated under a new area	

	for improvement.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 21 (1) Stated: First time	The registered person shall record in the accident and incident reports whether or not the patient's aligned named worker was notified of the event.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met with all communications with patients' Trust key workers recorded on the accident reports.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and showed that robust systems were in place to ensure staff were recruited correctly to protect patients as far as possible.

All staff were provided with an induction programme relevant to their department and to prepare them for working with patients. One member of staff who was in the early stages of their induction told us that they felt supported by the more experienced staff and that the induction was going well. Senior staff were seen to give clear direction and explanation to the inductee and to participate in completing sections of the employees induction booklet.

Review of governance records showed that established staffs' registration status with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) was monitored monthly by the manager. The NISCC registration status of some staff new to care was unclear and those new employees had not been added to the manager's monthly tracker. It is important that the manager monitors new NISCC applications closely to ensure the registration process is completed within the six month timeframe. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their jobs. Review of records showed that training comprised of a range of relevant and mandatory topics, delivered on a range of platforms from eLearning, to face to face sessions. Zoom sessions and DVDs were also used to supplement some courses. Records showed good compliance with mandatory training and the manager had oversight of this via a matrix system. The manager confirmed that they followed up directly with staff when they were due to update a course. Staff told us that they felt the training provided was beneficial. One staff member expressed that they

would like more detailed training on caring for people with dementia. The regional manager later confirmed that face to face training on dementia had been arranged over the coming weeks.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. The manager's hours and capacity worked were stated on the duty rota and the nurse in charge at each shift in the absence of the manager was identified. Staff told us that they were aware of who was in charge of the home at any given time.

The manager confirmed that safe staffing levels were determined and/or adjusted by ongoing monitoring of the number and dependency levels of patients in the home. It was observed that there was enough staff in the home to meet the patients' needs. Staff told us that they had no concerns in relation to the staffing levels and patients said that staff were available to meet their needs. One relative commented on a returned questionnaire "in the past staffing levels were low...may have improved in recent weeks".

Records showed that staff were provided with an annual appraisal and supervision sessions were ongoing throughout the year. The manager monitored staffs' participation in supervision sessions on a yearly tracker and all staff were on track to have completed at least two within the year.

Patients told us that staff were "great", "lovely", "nice and friendly", and that they "do a good job". One patient expressed dissatisfaction in relation to how staff cared for them. This was discussed in detail with the manager who was already aware and was liaising with the Trust key worker and next of kin in relation to this.

Relatives said that they were happy with the current staffing arrangements in the home and that staff were good at their jobs. Comments included, "staff are not paid enough", "we have only praise for the way the staff in Lakeview care for our relative".

Staff talked about having good teamwork and said that they felt supported through training, resources and meetings to conduct their roles well. Staff in various departments said that they were kept informed and that there was good communication between staff and management.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of patients. Staff confirmed the importance of good communication, not only within their teams but also between departments and the home manager, for example the kitchen staff told us how they were kept up to date with patients' dietary needs, likes and dislikes, and expressed that this was a vital part of their role.

Staff were seen to provide a prompt response to patients' needs and demonstrated an awareness of individual patient preferences. Staff were observed to be respectful and warm during interactions and to communicate clearly, for example staff were heard to give clear instruction to patients about their intentions and to seek consent for interventions.

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. These care plans included any advice or recommendations made by other healthcare professionals and patients' records were held securely.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Nurse (TVN) and followed any recommendations made.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, aids such as alarm mats and bedrails were in use. Falls risk was seen to be managed well for most patients.

Some patients may require the use of equipment or interventions that can be considered restrictive to maintain their safety, such as bedrails, low positioned beds, or administration of certain medications. Any restrictive measures should be properly assessed, involve best interest discussions with other professionals such as GP and Trust key worker, and where appropriate next of kin and/or the patient. These measures should then be clearly documented and subject to regular review. It was noted that for one patient restrictive practice was being used inappropriately to prevent a patient from falling. Following a detailed discussion with the manager it was agreed that immediate action would be taken and the Trust key worker would be informed. An area for improvement was identified.

Records confirmed that in the event of a patient falling, post falls protocol was followed and there was evidence that staff took appropriate action. There was evidence of appropriate onward referral where required, such as to Occupational Therapy (OT) or Trust falls prevention team. Following a fall all relevant parties such as next of kin, trust key worker and where required RQIA were informed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of levels of support with meals; this may include simple encouragement through to full assistance from staff. The lunch sitting was observed and found to be a pleasant, social and unhurried experience for patients. The food looked and smelled appetising and the portion sizes were generous.

There was a variety of drinks available and at least two options at each meal sitting. Staff were seen to offer the appropriate level of support or assistance where required and to practice good food handling standards.

Patients described the food as "tasty" and "lovely" and confirmed that they had at least two choices at each meal.

A record of patients' food and fluid intake was maintained and nutritional records referenced patients' likes and dislikes. Kitchen staff confirmed that patients' nutritional needs and speech and language therapy (SALT) recommendations were shared with their department.

Patients' weights were monitored at least monthly or more often if required. Records showed that there was appropriate onward referral to SALT or dietetics, and any recommendations made were detailed in the patients' individual care records.

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

Patients told us that they got the care and attention they needed and they looked well cared for.

Relatives indicated 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 a sample of bedrooms, communal lounge and dining room, communal bathrooms, and storage spaces. The home was generally clean, warm, well-lit and free from malodours.

Corridors were clean and free from clutter or inappropriate storage. Fire doors and stairwells were free from obstruction. The most recent fire risk assessment was undertaken on 9 February 2021 and a number of recommendations were made. The suggested timeframe for completion of these recommendations ranged from 'as soon as possible' to six months. It was unclear from the records what recommendations had been addressed. This was discussed with the manager who was able to provide evidence of some action taken but the status of some recommendations remained unclear. An area for improvement was identified.

Patients' bedrooms were clean and tidy with some personalisation with items of importance and sentimental value to patients.

Since the last inspection it was positive to note the environmental refurbishment of the first floor in progress, with new décor, furniture and soft furnishings. Communal areas, bedrooms and corridors on the ground floor were found to require further refurbishment to bring to a similar standard of the first floor, for example, hand rails and some door frames were damaged and some furnishings were worn. An area for improvement was identified.

Staff were seen to practice hand hygiene at key moments and to use personal protective equipment (PPE) appropriately. Staff confirmed that they had adequate supply of PPE and cleaning materials, and domestic staff told us that they continue to clean regularly touched points such as hand rails and handles in addition to their routine cleaning schedules.

While the home was generally clean, some infection prevention and control issues in relation to the environment and practice were found, for example the shelving in the linen store was made of wooden slats that were damaged and could not be effectively cleaned, there was inappropriate storage of hairdressing equipment, OT equipment and clean linen found in communal bathrooms, and some incontinence products stored outside of their original packaging. An area for improvement was identified.

Measures were in place to manage the risk of COVID-19. There was signage at the entrance of the home reflecting the current guidance and everyone entering the building had their temperature checked and a health declaration completed on arrival. Details of visitors were maintained for track and trace purposes.

Hand hygiene facilities were available and PPE such as masks were provided to all visitors before proceeding further into the home. Visiting arrangements were in place in keeping with the current Department of Health (DoH) pathway and it was positive to note some patients availing of trips out of the home with family.

Patients told us that they were happy with their bedrooms and said that they see staff doing regular cleaning.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were comfortable in the home and had various choices throughout the day, such as what time they got up or went to bed and what they ate and drank in the day.

It was observed that the atmosphere in the home was relaxed, social, and welcoming, and staff and patients were seen to engage in warm and friendly conversations. Staff displayed awareness of patients' preferences and were seen to check on patients often.

An activities coordinator was employed to work 15 hours per week in the home, and discussion with the coordinator indicated that they try to cater for patients' individual interests and that this can sometimes be difficult given the resources available. Little activities were seen on the day of inspection as the coordinator was seen to help with other tasks such as assisting with meals.

Patients told us that apart from occupying their own time with reading, watching TV, or chatting with others, there was little else to do during the day. One patient described being "a bit bored" and several patients said they would "like something to do". One patient said that they could only remember participating on one organised activity during their time in the home and that they enjoyed this and would like to do more. One relative said "not enough activities to stimulate..." An area for improvement was identified.

As mentioned in section 5.2.3 visiting arrangements were in place and reflective of current guidance. Patients could avail of indoor visits in the comfort of their own bedrooms or take trips out with family. All indoor or outdoor sessions were by appointment only. One patient was seen to enjoy a trip out with family during the inspection and both the patient and family expressed their happiness about this.

The home had also implemented the DoH care partner initiative and some relatives had availed of this programme. A care partner spoken with expressed that this arrangement was working well and that they had completed training on donning and doffing of PPE and were following the home's infection prevention and control policy.

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, staffs' practice or the environment.

There had been changes to the management of the home since the last inspection, with Mr Binu Chacko appointed as manager on 7 June 2021. Mr Chacko was provided with a robust induction and handover period from the previous manager, and confirmed that they had ongoing support from the regional manager.

Staff and relatives expressed that they had no concerns with the changes in the management structure, and said that they felt this transition went well. Relatives knew the manager by name and said that they felt comfortable approaching the manager with any issues, concerns or queries they may have, and felt confident that appropriate action would be taken.

There was evidence of good communication between staff and management through various means, such as staff meetings. Staff told us that they felt listened to by management.

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.

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 Trust key worker and to RQIA.

A complaints policy was in place and patients and relatives were provided with a copy of this process on admission to the home. Review of records showed that complaints were managed appropriately.

A record of compliments received about the home was maintained. A recent card read "we will never be able to thank you all enough for the love and care you have shown our relative...also for taking care of us...no matter how busy of a day you were all having you always made time to come for a quick chat...you are all an amazing bunch of people and you should be proud of the care you are providing".

6.0 Conclusion

Patients looked well cared for in that they were dressed, clean and comfortable in their surroundings. Patients who required assistance to change position, with mobility, personal care, or to complete meals were attended to by staff in a timely manner.

Patients said that they were happy with the care provided, that staff were available to them when they needed and that staff were pleasant in manner. Patients said that they were happy with the cleanliness of the home, that there was choice and variety in the food and that they were enjoying visits from family. Patients commented that they would like more activities to stimulate them during the day.

Staff were seen to work well as a team and demonstrated a good awareness of patients' needs, preferences and routines.

There was evidence of good communication with all stakeholders including relatives, other relevant organisations and healthcare professionals. Patients care records were found to be person centred and held confidentially.

The new management arrangements in the home were working well with staff and relatives speaking positively about this change.

Areas for improvement were identified in relation to professional registration checks, falls prevention management for one identified patient, the environment, infection prevention and control, the provision of activities, and the fire risk assessment.

Based on the inspection findings and discussions with the management team RQIA are satisfied that this service is providing safe, effective and compassionate care and that the home

is well led. Progress made on the areas for improvement identified will further improve patient care and experience.

7.0 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 the Care Standards for Nursing Homes (April 2015)

	Regulations	Standards
Total number of Areas for Improvement	3	3

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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1) (c) (ii) Stated: First time To be completed by: With immediate effect and going forward	The registered person shall ensure that the system for checking staffs' registration status with Northern Ireland Social Care Council (NISCC) captures newly recruited staff. Ref: 5.2.1
	Response by registered person detailing the actions taken: The Acting Manager has updated his Northern Ireland Social Care Council (NISCC) monthly checking system to include all newly recruited staff.]
Area for improvement 2 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: 9 August 2021	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. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Acting Manager has updated all recommendations made from the Fire Risk Assessment to reflect progress made. The Acting Manager has liaised with estates and fire officer in order to ensure all areas are addressed.
Area for improvement 3 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: 29 October 2021	The registered person shall ensure that the décor and furnishings in the home are maintained to a reasonable standard. An action plan should be submitted to RQIA detailing what areas will be refurbished and the expected timescale for completing these works. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Acting Manager has carried out an environmental audit and disposed of any furnishings not to a reasonable standard. New furnishings have been purchased. An action plan detailing what areas will be further refurbished and expected timescales has been completed and sent to RQIA.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 22 Stated: First time To be completed by: 20 August 2021	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: 5.2.2
	Response by registered person detailing the actions taken: The Acting Manager has reviewed the identified Resident's falls prevention plan and a referral has been made to the Northern Trust Falls Prevention team for review. Once reviewed the care plan will be updated to include advice obtained from the Falls Prevention team. All staff receive updates on any changes to care plans.
Area for improvement 2 Ref: Standard 46 Stated: First time To be completed by: With immediate effect and ongoing	The registered person shall ensure that infection prevention and control issues identified in the environment and practice are addressed and monitored. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Acting Manager has addressed with staff the infection prevention and control issues identified by the inspector during their visit and has discussed with staff correct procedures in relation to environmental issues identified.
Area for improvement 3 Ref: Standard 11 Stated: First time To be completed by: 1 October 2021	The registered person shall review the provision of activities in the home and provide an activities programme that is meaningful to patients. Ref: 5.2.4
	Response by registered person detailing the actions taken: The Acting Manager has reviewed the provision of activities in the home and has addressed with the activity therapist provision of an activity programme that is meaningful to residents. The Acting Manager will continue to monitor this area within the home.

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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