

# Inspection Report

**Name of Service:** Lakeview  
**Provider:** Spa Nursing Home Ltd  
**Date of Inspection:** 5 February 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Spa Nursing Homes Ltd
<b>Responsible Individual:</b>	Mr Christopher Philip Arnold
<b>Registered Manager:</b>	Mr Binu Chacko
<p><b>Service Profile –</b>  This home is a registered nursing home which provides nursing care for up to 42 patients. The home is divided over two floors and there are two units. Orchard unit is located on the ground floor and provides nursing care for people with primary needs relating to old age and physical disability. Stafford unit is located in the first floor and provides nursing care for people living with dementia. Both units provide care for people at the end of life. There is a garden area to the rear of the home with a selection of seating for patients and their visitors.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 5 February 2025 from 9.35 am to 6.15 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 9 October 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection three areas for improvement was assessed as having been addressed by the provider. Another two areas for improvement will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

## 3.0 The inspection

### 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

### 3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I really enjoy my lunch. The staff are brilliant", "I am getting well looked after. The staff are brilliant" and "They (the staff) have a birthday party for me."

Patients told us that staff offered them choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options and where and how they wished to spend their time.

Relatives commented positively about the overall provision of care within the home. Comments included: "I couldn't complain about the care. The staff are good indeed", "I'm happy with the care. The staff are very good. There is no internet though for my relative to watch YouTube", "We are very happy and very informed about our relatives care. They (the staff) bring us tea and coffee", "Our relative is very well looked after. They (the staff) can't do enough for us" and "The staff are really good and kind."

Staff spoken with said that Lakeview was a good place to work. Staff commented positively about the manager and described them as supportive and approachable. One staff member said, "I feel I have sufficient training to do the role. The teamwork is OK; I wouldn't say very good but it is ok."

We received one questionnaire response from the staff online survey. The respondent was very satisfied with the care provided.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty although it was observed that staff did not complete care records in a contemporaneous manner. This is discussed further in section 3.3.3.

#### 3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care, although records were not contemporaneously completed; this is discussed further in section 3.3.3.

A restrictive practice register was monitored and reviewed monthly. The manager agreed to review documentation regarding best interest discussions held with patient's next of kin to ensure they are up to date.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records were maintained, although gaps in recording were noted. This is discussed further in section 3.3.3.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dietitians. Patients were safely positioned for their meals and the mealtimes were appropriately supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, resting or chatting to staff. Birthdays were celebrated with patients, families and staff and a selection of photos were on display which showed patients enjoying previous events held. One patient was delighted when they received a birthday cake, cards and gifts along with a rendition of happy birthday from all assembled. Vegetables and herbs were grown by patients close to their outdoor seating area.

While there was an activity planner in place and staff allocated to lead on activities, there was evidence that the activities delivered were repetitive and not in keeping with those planned. Records examined evidenced gaps in the recording of activities delivered. Staff said they did not always have time to deliver activities. Comments from relatives included, "There is not too much activities going on in the home" and "They don't have activities and the staff member hasn't been replaced." The manager confirmed there was ongoing recruitment for an activities co-ordinator. An area for improvement was identified.

### 3.3.3 Management of Care Records

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

Whilst care records were regularly reviewed; one to one care plans lacked specific details of the one to one care required or any information regarding the patients likes and preferences. This information was not available to the care staff providing one to one care. An area for improvement was identified.

Supplementary care records in the Stafford unit were not completed contemporaneously. These care records related to personal care, repositioning, food and fluid intake and bedrail checks. In addition, gaps were noted in personal care and repositioning records. An area for improvement was identified.

Nursing staff recorded regular evaluations about the delivery of care. Review of a selection of daily evaluation records for the day shift evidenced that these had been completed prior to midday and no further entries had been made to reflect on the care delivered after midday. An area for improvement was identified.

### 3.3.4 Quality and Management of Patients' Environment

The home was neat and tidy and patients' bedrooms were personalised with items important to the patient. Whilst there was evidence of improvements to the home in relation to purchasing of some furniture and new wallpaper/painting in some bedrooms; surface damage was evident throughout the home in both patient bedrooms and communal areas to multiple walls, floor coverings, door frames/woodwork and bedroom furniture. This was discussed with the manager who committed to reviewing the works required in the home without delay. An area for improvement was identified.

There was evidence that some patient equipment was not stored appropriately and effectively cleaned after use such as hoists, standing aids and weighing scales. Cleaning records reviewed evidenced gaps in recording and a lack of managerial oversight. An area for improvement was identified.

Concerns about the management of risks to the health, safety and wellbeing of patients, staff and visitors to the home were identified. Food and fluid thickening agent and an open sharps box were accessible to patients in an unlocked treatment room in the dementia unit. This was discussed with staff who took immediate action. An area for improvement was identified.

Fire safety measures were in place to protect patients, visitors and staff in the home. A fire risk assessment had been completed on 30 April 2024 and there was evidence that the three areas of concern identified by the fire risk assessor had not been addressed in the appropriate timeframe. These concerns were escalated to the aligned estates inspector for the home and an area for improvement was identified.

Observation of staff and their practices evidenced that basic infection prevention and control (IPC) practices were not consistently adhered to. For example, all staff did not take opportunities to apply and remove personal protective equipment (PPE) correctly or to wash their hands particularly after contact with patients and the patient's environment.

There was evidence that systems and processes were in place to manage IPC which included monitoring of the environment and staff practice to ensure compliance. However, audits were not completed regularly or consistently and lacked actions plans to address the deficits identified during the inspection. This was discussed with the manager and an area for improvement was identified.

Discussion with the manager confirmed there was no identified nurse to lead on IPC procedures and compliance within the home. Assurances were given that a registered nurse would be identified to lead on this role.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Binu Chacko has been the manager in this home since it was registered on 15 July 2022.

There was a system in place to manage any complaints received. A compliments log was maintained and any compliments received were shared with staff.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager completed audits to quality assure care delivery and service provision within the home. However, based on the inspection findings and a review of a sample of audits it was evident that improvements were required regarding the audit process to ensure it was effective in identifying shortfalls and driving the required improvements; particularly in relation to IPC practices and the home's environment.

RQIA were satisfied that management understood their role and responsibilities in terms of oversight of the home environment and IPC practices and needed a period of time to address this area of work. Given these assurances additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5	6*

\*The total number of areas for improvement includes two which are carried forward for review at the next inspection.

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 February 2025</p>	<p>The registered person shall ensure detailed and person centred care plans are in place for those patients who require one to one care.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has addressed with Named Nurses. Detailed person centred care plan have been developed to include likes and preferences for the two resident's who require one to one care.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (2) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 May 2025</p>	<p>The registered person shall ensure the environmental deficits identified on inspection are addressed without delay. A suitable and achievable time bound refurbishment program for this work should be submitted, along with the returned QIP, for information and comment.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has completed an environmental audit and developed a refurbishment program to address the areas identified for improvement. A refurbishment plan with timeframes has been developed and will be submitted to RQIA along with this report.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 February 2025</p>	<p>The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has completed staff supervision with all Registered Nurses in regards to risk management of thickener agents and storage of sharps. Nursing staff are aware that the treatment room is kept locked when the room is unattended.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (4) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 February 2025</p>	<p>The registered person shall ensure recommendations made in the fire risk assessment are addressed in the recommended timeframe.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has worked with Estate Manager and contacted outside contractors to complete all works listed. A new Fire Risk Assessment is scheduled to be completed next week.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 February 2025</p>	<p>The registered person shall ensure a system is implemented to monitor staff practice in relation to the appropriate use of personal protective equipment including donning and doffing and staff knowledge and practice regarding hand hygiene.</p> <p>Where deficits are identified during the monitoring system, an action plan should be put in place to drive the necessary improvement.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has addressed this issue with staff at the staff meeting. A Staff Nurse is assigned daily to have oversight and lead on all infection control procedures and compliance in the home Any deficits will be actioned with staff..</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection (1 August 2023)</p>	<p>The registered person shall ensure that the arrangements for the management of insulin are reviewed. This relates specifically to not using abbreviations when recording insulin doses on the personal medication records and always recording the dates of opening of insulin pen devices.</p> <p>Ref: 2.0</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date inspection (1 August 2023)</p>	<p>The registered person shall ensure that all medicines management audit activity is recorded. This relates specifically to the recording of audits performed on medicines prescribed for regular administration.</p> <p>Ref: 2.0</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 February 2025</p>	<p>The registered person shall ensure a programme of meaningful activities is provided for patients in the absence of the activity co-ordinator. A contemporaneous record of activities delivered must be retained.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has addressed with the Activity Therapist providing meaningful activities and maintaining records of activities. The Manager will have oversight of the records to ensure these are meaningful and will take feedback from residents and staff on the effects of the activity programme.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 February 2025</p>	<p>The registered person shall ensure that supplementary care records are accurately maintained and completed contemporaneously.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has addressed this with all staff at the staff meeting, The Registered Manager has continued to carry out spot checks on supplementary charts to ensure they are accurately maintained and completed in a timely manner..</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 February 2025</p>	<p>The registered person shall ensure that nursing staff evaluate care in a meaningful manner that is person centred.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has addressed with nursing staff care plans and evaluations of care to ensure they are meaningful and person centred and will continue to monitor this through the auditing process..</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 February 2025</p>	<p>The registered person shall ensure that the environment in the home is managed to minimise the risk and spread of infection. Environmental and equipment cleaning records must be maintained in an up to date manner and evidence managerial oversight.</p> <p>This area for improvement specifically related to the cleaning of the environment and patient equipment within the home.</p> <p>Ref: 3.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has addressd with all staff at the staff meeting, The Registered Manager will have overisght of this on the dialy walkarounds and will monitor the cleaning records.</p>

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



## The Regulation and Quality Improvement Authority

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