

Unannounced Care Inspection Report 27 August 2020



Brooklands Healthcare Dunmurry

Type of Service: Residential Care Home

Address: 42e Cloona Park, Dunmurry, Belfast, BT17 0HH

Tel No: 028 9060 1020

Inspector: Julie Palmer

www.rqia.org.uk

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to eight residents.

3.0 Service details

Organisation/Registered Provider: Brooklands Healthcare Ltd Responsible Individual: Jarleth Conway	Registered Manager and date registered: Geraldine Merry-acting manager
Person in charge at the time of inspection: Joy Todd-senior care assistant	Number of registered places: 8
Categories of care: Residential Care (RC) DE - Dementia	Total number of residents in the residential care home on the day of this inspection: 6

4.0 Inspection summary

An unannounced care inspection was undertaken on 27 August 2020 from 09.20 hours to 14.20 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- environment
- care delivery
- care records
- governance and management arrangements.

Residents told us:

- “It’s lovely here.”
- “The staff are helpful.”

The manager from Kilwee Care Home, which is on the same site, provided support to the senior care assistant on duty during the inspection.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Joy Todd, senior care assistant, Deborah Campbell, Kilwee Care Home manager, and Jane Thomas, senior administrator 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.

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 six residents and three staff. Questionnaires were also left in the home to obtain feedback from residents and residents' relatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided staff with 'Tell us' cards which were then placed in a prominent position to allow residents 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. No completed questionnaires or responses to the staff survey were returned within the indicated timeframe.

The following records were examined during the inspection:

- duty rota from 17 to 30 August 2020
- staff training records
- incident/accident records
- monthly monitoring reports
- a sample of governance audits/records
- complaints/compliments records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- three residents' care records
- COVID-19 information file
- RQIA registration certificate.

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

The most recent inspection of the home was an unannounced care inspection undertaken on 27 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Regulation 13(7) Stated: First time	The registered person shall ensure that equipment stored in bathrooms is removed and areas with chipped paint are repaired.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that equipment was appropriately stored in the home and the identified area had been repainted.	

6.2 Inspection findings

Staffing

During the inspection we observed that residents’ needs were met by the number and skill mix of staff on duty. No concerns regarding staffing levels were raised by staff or residents during the inspection. Staff told us that teamwork was good and that the management team was supportive and approachable.

Staff told us that they felt well equipped to carry out their role; a programme of mandatory training was in place; this had included updates on the use of PPE and infection prevention and control (IPC) measures during the COVID-19 pandemic.

Staff were knowledgeable about the actions to take if they had any concerns about residents’ in their care.

Staff were seen to be attentive to the residents; the atmosphere in the home was relaxed and calm. Staff commented positively about working in the home; they told us:

- “We are here for one reason and that is the residents.”
- “We all pull together really well.”

- “I enjoy working here, it is very nice.”
- “I love it here.”

Personal Protective Equipment (PPE)

We observed that staff used PPE according to the current regional guidance. Staff were observed to put on and take off their PPE correctly and to carry out hand hygiene at appropriate times.

Staff and residents had a twice daily temperature check; a record of this was maintained. On arrival at the home we also had a temperature check.

There was a plentiful supply of PPE available within the home; PPE stations were well stocked and signage providing information on PPE and COVID-19 was placed in appropriate areas. Staff told us that they had had sufficient supplies of PPE at all times.

Environment

The home was clean, tidy and well decorated throughout. Residents’ bedrooms were pleasantly personalised. Corridors and fire exits were clear of obstruction. Equipment was found to be stored appropriately in the home.

We spoke to the domestic assistant on duty who told us that frequently touched points were cleaned at least three times daily and deep cleaning was carried out as necessary in addition to the normal cleaning schedule in the home.

Residents’ artworks were attractively displayed and the activity planner was up to date for residents’ information. The lounge area was welcoming with comfortable seating; residents watched TV or listened to music as they preferred.

Care delivery

We observed that staff were attentive to the residents and spoke to them in a very kind and friendly manner. The residents looked well cared for; they were comfortably dressed; attention had been paid to nail and hair care.

We observed that staff offered the residents choice and took their preferences into account when providing care and assistance.

Residents told us:

- “Oh yes, it’s good here.”
- “Staff all care for us.”
- “There is plenty of help.”
- “It’s nice here.”

Residents who were unable to voice their opinions appeared to be relaxed and comfortable in their surroundings and interactions with the staff.

Staff told us that they knew it was very important to maintain good communication links with relatives as visitors were currently not permitted into the home. In order to manage this staff

helped to facilitate window visits or planned in-person visits to a designated area on the ground floor. Staff also helped the residents to make telephone or video calls to their relatives.

We observed the serving of lunch and saw that staff were familiar with residents' dietary requirements and likes or dislikes. The food on offer smelled appetising and was well presented. One of the residents told us that "lunch was great". Staff were seen to offer residents drinks, cups of tea and snacks regularly throughout the day.

Activities on offer for residents included painting, knitting, games, music and manicures. In the afternoon some residents had a nap in their rooms while others listened to music in the lounge; staff ensured that residents were comfortable and that their needs were met. Staff were seen to appropriately provide an individual resident with comfort in a very caring manner.

Care records

We reviewed the care records for three residents and found that these contained relevant risk assessments and care plans to ensure that residents' daily needs were met. A daily, up to date, record of care provided was maintained.

Whilst staff displayed their knowledge of individual residents' preferences regarding going to bed and getting up times we found that care plans for sleep required further development to reflect these preferences, also, one resident did not have a care plan for sleep; an area for improvement was made.

There was evidence, in the records reviewed, of regular evaluation and referral to other healthcare professionals such as the dietician or speech and language therapist (SALT) where required.

Governance and management

There had been a change in management arrangements since the last inspection and RQIA had been appropriately notified.

Review of the duty rota evidenced that this did not clearly indicate the person in charge of the home; an area for improvement was made.

Review of accidents and incident records confirmed that these were managed appropriately; staff displayed their knowledge of the actions to take in the event of a resident having an accident.

Review of audits carried out evidenced that systems were in place to monitor and evaluate the quality of care and other services provided in the home.

Staff confirmed they undertook supervision sessions, however, there was no schedule in place for this; an area for improvement was made.

Staff who took charge in the home in the absence of the manager had completed competency and capability assessments, review of records confirmed this. There was a system in place to monitor staff registration with NISCC.

Review of the monthly monitoring report evidenced that this had been completed in respect of the home and contained an action plan. However, the action plan also included actions required in the nursing home which was in the same building. We brought this to the attention of staff for their information and action as required; staff informed us that they will ensure that going forward the action plan refers only to the residential care home and not both homes in the same building.

Areas of good practice

Areas of good practice were identified in relation to staffing, teamwork, use of PPE, the environment, care provided, treating residents with kindness and providing residents with choice.

Areas for improvement

Areas requiring improvement were identified in relation to developing care plans for sleep, ensuring the person in charge is indicated on the duty rota and ensuring there is a supervision schedule in place.

	Regulations	Standards
Total number of areas for improvement	0	3

6.3 Conclusion

Residents appeared well looked after, content and settled in the home; staff were attentive and treated residents with kindness and respect.

RQIA had been appropriately notified of a change in management arrangements in the home.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joy Todd, senior care assistant, Deborah Campbell, Kilwee Care Home manager, and Jane Thomas, senior administrator, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 residential 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: 3 September 2020	<p>The registered person shall ensure that care plans for sleep are developed for all residents and that these are individualised and reflective of residents' preferences in this area.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: All residents have an individualised sleep care plan in place. This has been audited by the Home Manager and reviewed as part of the September Regulation 29 S Visit.</p>
Area for improvement 2 Ref: Standard 25 Stated: First time To be completed by: 3 September 2020	<p>The registered person shall ensure that the duty rota clearly identifies the person in charge in the home.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The person in charge of the home is clearly identified on the off duty. In the absence of the Home Manager the person in charge of the home is the Nurse in Charge this information is displayed in the foyer of the home and highlighted on the off duty.</p>
Area for improvement 3 Ref: Standard 24 Stated: First time To be completed by: 10 September 2020	<p>The registered person shall ensure that a supervision schedule is developed and maintained in the home.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The supervision schedule for 2020 has been forwarded to the Inspector. The schedule is updated by the Team Leader and signed off each month by the Home Manager.</p>

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



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