

Inspection Report

26 March 2024



Brooklands Healthcare Dunmurry

Type of service: Nursing (NH)

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Brooklands Healthcare Limited Responsible Individual Mr Jarlath Conway	Registered Manager: Ms April Agagas
Person in charge at the time of inspection: Ms April Agagas	Number of registered places: 57 A maximum on 29 patients in NH-DE on designated unit on the first floor.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. 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: 52
Brief description of the accommodation/how the service operates: Brooklands Healthcare Dunmurry is a nursing home which is registered to provide care for up to 57 patients. The home is divided into two units; the first floor provides care for people with a dementia and the ground floor provides general nursing care.	

2.0 Inspection summary

An unannounced inspection took place on 26 March 2024 from 7:30 am to 1.15 pm by two care inspectors.

Prior to the inspection RQIA received an anonymous letter on 21 March 2024 that raised concerns in relation to early waking of patients, availability of bed linen and towels, availability of continence care supplies for patients, availability of snacks for patients' and record keeping for patients who required one to one care. As a result of this information, RQIA decided to undertake an unannounced care inspection to focus on the concerns raised with us.

Whilst the concerns raised were not substantiated an area for improvement was identified in regards to ensuring care plans are patient centred and have sufficient detail in regards to the patients' choice regarding their morning routines.

There was also a high number of patients in receipt of one to one care that had been approved by the commissioning trust. Given the numbers of patients in receipt of this type of care, RQIA made the decision to speak with the host trust regarding this potentially restrictive practice and the potential impact on the human rights of patients living in this home.

Due to the focus of this inspection, the areas for improvement from the previous inspection were not reviewed and have been carried forward for review at the next care inspection.

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 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 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

Staff said they were happy working in the home and they felt well supported by the manager. Staff spoke in positive terms about the provision of care, their roles and duties and training.

Comments made by patients, staff and relatives were shared with the manager for information and action if required.

No responses were received from the patient/relative and staff questionnaires following the inspection

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 care inspection on 7 December 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 30 Stated: First time	The registered person shall ensure that accidents and incidents are appropriately reported to RQIA in a timely manner.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 23 Stated: First time	The registered person shall ensure that where a patient has been assessed as requiring repositioning: <ul style="list-style-type: none"> care plans and repositioning charts are consistent in relation to the recommended frequency of repositioning the frequency of repositioning recorded within charts is reflective of the recommended frequency within the care plan. 	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for Improvement 2 Ref: Standard 46 Stated: First time	The registered person shall ensure that a system is in place to ensure that shower chairs are effectively cleaned between each use with particular attention paid to the underside of the seat.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The staff duty rota accurately reflected the planned staff working in the home on a daily basis in addition to details of the staff providing one to one care. The duty rota identified the person in charge when the manager was not on duty.

Staff were observed to respond to patients requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a 'handover' at the beginning of each shift to discuss any changes in the needs of the patients.

It was observed that 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.

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

On arrival to the home at 7:30am we observed most patients sleeping comfortably in bed and a small number of patients were up out of bed and ready for their day. Discussion with staff identified valid reasons for why these patients were already up and dressed for the day ahead. Patients who were able to voice their opinions told us that they were given choice in regards to waking times. However, review of the relevant care plans for those patients evidenced that they were not patient centred or sufficiently detailed in regards to the patients' choices around their morning routines. This was discussed with the management team and an area for improvement was identified.

Observation of the environment and discussion with staff evidenced that there were adequate supplies of bed linen, towels, continence care supplies and snacks for patients.

Discussion with staff providing one to one care and review of a number of patient care records pertaining to the care delivered to patients receiving one to one care evidenced that the documentation was being completed appropriately.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout. Many patients' bedrooms were personalised with items important to the patient.

Observations confirmed that staff had been trained in infection prevention and control (IPC) measures and practices. For example, staff were observed to carry out hand hygiene at appropriate times and to use masks, aprons and gloves (PPE) in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included food and drink options, and where and how they wished to spend their time.

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to patients' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring patient privacy during personal interventions.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last care inspection. Ms April Agagas has been the manager since 25 January 2024. RQIA were notified of this change of management as is required

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Records confirmed that staff meetings were held regularly.

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 care manager and to RQIA.

The home was visited each month by a representative of the responsible individual (RI) to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These reports were available for review by patients, their representatives, the Trust and RQIA.

6.0 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 (December 2022)

	Regulations	Standards
Total number of Areas for Improvement	1*	3*

* the total number of areas for improvement includes one regulation and two standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 30 Stated: First time To be completed by: 7 December 2023	The registered person shall ensure that accidents and incidents are appropriately reported to RQIA in a timely manner. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 23 Stated: First time To be completed by: 31 December 2023	The registered person shall ensure that where a patient has been assessed as requiring repositioning: <ul style="list-style-type: none"> care plans and repositioning charts are consistent in relation to the recommended frequency of repositioning the frequency of repositioning recorded within charts is reflective of the recommended frequency within the care plan. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 7 December 2023</p>	<p>The registered person shall ensure that a system is in place to ensure that shower chairs are effectively cleaned between each use with particular attention paid to the underside of the seat.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2024</p>	<p>The registered person shall ensure that care delivery to patients reflects their individual needs and choices; this is in relation to patients' morning routines and is recorded in their care plans.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>Detailed and person-centred care plans were formulated on the day of inspection reflecting resident's individual needs and choices in relation to their morning routines.</p> <p>All residents are allocated a named worker to ensure sufficient oversight of care plans and that they are all reviewed and updated in a timely manner and in accordance with resident need.</p> <p>The Home Manager completes a monthly care plan audit to ensure evaluations are completed in a timely manner. Furthermore, individual resident care file audits are completed monthly by the Home Manager.</p>

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