

Inspection Report

7 December 2023



Brooklands Healthcare Dunmurry

Type of service: Nursing

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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 Ltd	Registered Manager: Mrs Perla Balmes
Responsible Individual Mr Jarlath Conway	Date registered: 13 April 2023
Person in charge at the time of inspection: April Agagas, deputy manager Mary Vekerwe, nurse in charge for feedback	Number of registered places: 57 A maximum on 28 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: 56
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 7 December 2023 from 9:50am to 4pm 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.

The home was clean, tidy and there was a welcoming atmosphere. Patients had choice in where they spent their day either in their own bedroom or in one of the communal rooms.

It was evident that staff promoted the dignity and well-being of patients through respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs

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.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

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 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

Patients told us they were happy with the service provided. Comments included; "the staff are good" and "there is always enough staff around to give me a hand". Patients spoke warmly about the provision of care, their relationship with staff, the provision of meals and the atmosphere in the home. Comments from relatives included "they are all angels in here, they are all so friendly".

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.

Nine responses were received from the patient/relative questionnaires following the inspection indicating that they were satisfied with the overall provision of care in the home. No responses were received from the staff questionnaires.

Compliments received about the home were kept and shared with the staff team.

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 23 February 2023		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 12 Stated: Second time	The registered person shall ensure that variations to the planned menu are recorded.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited properly to protect patients.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC) with a record maintained by the Manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place.

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.

Where a patient is assessed as being at risk of falls, review of records and discussion with staff evidenced that measures to reduce this risk had been put in place. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

Care Plans reflected the patients' needs regarding the use of pressure relieving mattresses. Patients who were less able to mobilise require special attention to their skin care. Review of a patient care record relating to pressure area care evidenced that the recommended frequency of repositioning recorded in the charts and care plans were inconsistent. This was discussed with the management team and an area for improvement was identified.

Patients who required care for wounds or pressure ulcers had this clearly recorded in their care records

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Staff had ensured patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals.

Staff advised that they were made aware of patients' nutritional needs, if required records were kept of what patients had to eat and drink daily.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout. The main foyer and downstairs dining room had recently been refurbished to a high standard. Many patients' bedrooms were personalised with items important to the patient.

A small number of walls required painting, this was discussed with the management team and assurances were given that this was being addressed. This will be reviewed at the next inspection. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Some equipment, such as the underside of a small number of shower chairs were not effectively cleaned. This was discussed with the manager and an area for improvement was identified.

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

Patients were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. 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. Patients said that they felt staff listened to them and would make an effort to sort out any concerns they might have.

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.

Hairdressing was regularly available for patients. Patients advised that activities were provided which involved both group and one to one sessions. Birthdays and holidays were also celebrated within the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last care inspection. Mrs Perla Balmes has been the manager since 3 October 2022

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.

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, such as environmental audits, restrictive practices, wound care and falls.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the safeguarding champion for the home.

A review of records of accidents and incidents in the home evidenced that a small number of notifiable incidents had not been reported to RQIA in keeping with regulation. This was discussed with a manager who agreed to submit notifications retrospectively. An area for improvement was identified. Retrospective notifications were submitted to RQIA following the inspection.

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.

There was a system in place to manage complaints.

Staff commented positively about the management team and described them as supportive and approachable.

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	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mary Vekerwe, nurse in charge on the day of the inspection and via telephone to the management team the following day 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: 5.2.5
	Response by registered person detailing the actions taken: A Nurses meeting was held to address the deficit and action plan. Home manager thoroughly reviews all accidents and incidents on a daily basis to ensure full compliance with regulation.
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:5.2.2
	Response by registered person detailing the actions taken: Supervision has been completed with staff in relation to ensuring completion of repositioning documentation in a consistent and timely manner. Review of repositioning care plans also completed following TVN input. The Home Manager has full oversight of all supplementary records including repositioning charts through a weekly audit.

Area for improvement 2 Ref: Standard 46 Stated: First time To be completed by: 7 December 2023	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. Ref: 5.2.3
	Response by registered person detailing the actions taken: The frequency of decontamination audits has been increased to ensure shower chairs have been effectively cleaned. Supervision has been provided to care staff and domestic staff in relation to same.

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