

Inspection Report

6 January 2022



Brooklands Healthcare Dunmurry

Type of service: Nursing (NH)
Address: Nursing Unit, 42e Cloona Park, Dunmurry, Belfast
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Brooklands Healthcare Ltd Responsible Individual: Mr Jarlath Conway	Registered Manager: Mr Wayne Salvatierra – not registered
Person in charge at the time of inspection: Mr Wayne Salvatierra – acting manager	Number of registered places: 55 A maximum on 28 patients in NH-DE on designated unit on the first floor.
Categories of care: Nursing Home (NH) TI – Terminally ill PH(E) - Physical disability other than sensory impairment – over 65 years PH – Physical disability other than sensory impairment I – Old age not falling within any other category DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 52
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 55 persons. The home is divided in two units; the first floor unit provides care for people with dementia and the ground floor provides general nursing care.	

2.0 Inspection summary

An unannounced inspection took place on 6 January 2022 from 9.40 am to 4.35 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and this is discussed within the main body of the report and Section 7.0.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surrounds.

RQIA were assured that the delivery of care and service provided in Brooklands Healthcare Dunmurry was provided in a compassionate manner by staff who knew and understood the needs of the patients.

The findings of this report will provide the manager 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, relatives and staff were asked for their opinion on the quality of the care and their experience of living or working in Brooklands Healthcare Dunmurry. 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.

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 findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Five patients, five staff and three relatives were spoken with. No questionnaires were returned and no feedback was received from the staff online survey.

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. Relatives were complimentary of the care provided in the home.

Staff acknowledged the challenges of working through the COVID – 19 pandemic but all staff agreed that Brooklands Healthcare Dunmurry was a good place to work. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

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 14/10/2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 16 (2) (b) Stated: Second time	<p>The registered person shall ensure care plans for the management of behaviours that challenge accurately reflect assessed patient need and any recommendations from the multidisciplinary team if required.</p> <p>Care plans should be written in keeping with the assessed needs of the patient. Daily progress notes should accurately record actions taken in keeping with best practice guidance.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: Second time	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals and thickening agents.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement was met.</p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <p>Action taken as confirmed during the inspection Review of records, observation of practice and discussion with staff evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the appropriate management of patients at risk of developing pressure ulcers. Specifically, pressure relieving equipment used should be at the correct setting for the patient's weight. The type of equipment used and associated setting should be accurately recorded in the patients plan of care. Contemporaneous records of repositioning and patients skin condition should be maintained.</p> <p>Action taken as confirmed during the inspection There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure safe moving and handling training is embedded into practice.</p> <p>This area for improvement is made with specific reference to the use of wheelchair footplates.</p> <p>Action taken as confirmed during the inspection Observation of staff practice evidenced that this area for improvement was met.</p>	<p>Met</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure care plan directions are adhered to.</p> <p>This area for improvement is made with specific reference to the management of weight loss.</p> <p>Action taken as confirmed during the inspection There was evidence that this area for improvement was not met. This is discussed further in section 5.2.2. This is stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 16 (1) (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. The care plans should be further developed within five days of admission and kept under review to reflect the changes needs of the patients.</p> <p>Action taken as confirmed during the inspection Review of records evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 30 (1) (d) (f)</p> <p>Stated: First time</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively.</p> <p>Action taken as confirmed during the inspection Records examined evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the registered manager is trained and understands their specific role in relation to safeguarding.</p> <p>Action taken as confirmed during the inspection Discussion with the manager and review of records evidenced this area for improvement was met.</p>	<p>Met</p>

<p>Area for improvement 10</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned.</p> <hr/> <p>Action taken as confirmed during the inspection</p> <p>There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.5. This is stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 11</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the Regulation 29 monitoring visits are completed on a monthly basis. These reports should be robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards.</p> <hr/> <p>Action taken as confirmed during the inspection</p> <p>Records examined relating to Regulation 29 monitoring visits evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person shall ensure the staffing rota includes the full name of each member of staff, the capacity in which they worked and the actual hours they worked.</p> <hr/> <p>Action taken as confirmed during the inspection</p> <p>Examination of the staffing rota evidenced that this area for improvement has been met.</p>	<p>Met</p>

Area for improvement 3 Ref: Standard 48 Stated: First time	The registered person shall ensure fire doors in the home are not wedged or tied open.	Met
	Action taken as confirmed during the inspection Observation of the environment evidenced that this area for improvement was met.	
Area for improvement 4 Ref: Standard 46.5 Stated: First time	The registered person shall ensure there is an identified nurse with day-to-day responsibility for monitoring compliance with infection prevention and control procedures such as hand decontamination and use of personal protective equipment.	Met
	Action taken as confirmed during the inspection Discussion with staff and review of records evidenced this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and said when planned staffing levels were adhered to they had no concerns regarding the staffing levels. Staff commented positively on the recent increase in the number of care staff working in the home at night. However, some staff consulted were not satisfied that there were sufficient staff numbers on occasions when staff sickness was not covered at short notice. Due to an unplanned staff shortage on the morning of the inspection, it was noted that breakfast in the nursing unit was not served in a timely manner. This was discussed with the manager who agreed to review the morning routine. This will be reviewed at a future care inspection.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met and discussed the ongoing staffing challenges within the care home sector; they confirmed ongoing recruitment for staff within the home.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner most of the time; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

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

Patients who are less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly; accurate records were maintained.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. However, review of documentation confirmed a more robust system was required to ensure analysis of patterns and trends. This is discussed further in section 5.2.5. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

Where a patient was at risk of falling, measures to reduce that risk were put in place, for example, use of an alarm mat to alert staff the patient requires assistance. Review of records relating to the management of falls evidenced appropriate actions were consistently taken by staff following falls.

Deficits were identified in the management of wound care. Review of one identified patient's care records confirmed that wound care was not completed in keeping with the care plan directions. In addition, wound assessments and evaluations had not been consistently completed. An area for improvement was identified.

The management of weight loss was examined. Review of one identified patient's records confirmed care plan directions were not adhered to. This was discussed with the manager who confirmed the care plan had not been updated to reflect the patient's current assessed needs. This was identified as an area for improvement at the previous care inspection and is stated for a second time.

Review of patient's records evidenced that these were generally well maintained, however some deficits in recording were noted. For example, the personal hygiene care plan for an identified patient had not been reviewed by registered nurses when there was a change in patient's needs; personal care records for the same patient had not been consistently completed for at least one week. This had the potential to cause confusion in relation to the delivery of patient care. In addition, some evaluations of care contained repetitive statements which were not sufficiently patient centred. Details were discussed with the manager and areas for improvement were identified.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of one identified patient's care records evidenced that their care plans had been developed within a timely manner to accurately reflect the patient's assessed needs.

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

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy.

Two isolated issues were observed which posed a potential risk to patients' health and wellbeing. These included an unlocked door to the electrical services room and a domestic cleaning trolley was unsupervised allowing potential patient access to substances hazardous to health. These incidents were discussed with staff who took necessary action to mitigate any risk. These issues were discussed with the manager who agreed to meet with staff involved and address the deficits through supervision.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE).

There was an adequate supply of PPE and hand sanitiser. There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Posters regarding the correct method for applying and removing of PPE did not appear to be frequently displayed at PPE stations. This was discussed with the manager who agreed to have these put in place.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly. Staff were familiar with the correct procedure for the donning and doffing of PPE and were bare below the elbow in keeping with best practice guidance.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, some patients told us they liked the privacy of their bedrooms, but enjoyed going to the dining room for meals and choosing where to sit with their friends. Other patients preferred to enjoy their meals and socialise in the lounge. Patients were observed talking with each other, listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Staff 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.

There has been no change in the management of the home since the last inspection. Mr Wayne Salvatierra has been the acting manager since 1 February 2021. RQIA were notified appropriately.

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 or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits had improved since the last care inspection although deficits in relation to the auditing of falls were identified. This was identified as an area for improvement at the previous care inspection and is stated for a second time.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents which had occurred in the home found that these were managed and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. These are available for review by patients, their representatives, the Trust and RQIA.

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) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	3*	2

*The total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Wayne Salvatierra, manager, and Mr Jarlath Conway, responsible individual, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure care plan directions are adhered to.</p> <p>This area for improvement is made with specific reference to the management of weight loss.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: A monthly audit is now in place to check that any changes to patients weight monitoring is reflected in the care plan.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned.</p> <p>Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: Robust governance is in place to ensure any deficits identified during audits or inspections have been actioned. Audit analysis for falls (specific reference for this Improvement) is in place.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (1) (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure personal hygiene care plans are reviewed by registered nurses in keeping with this regulation. Personal care records should evidence daily care delivery.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Resident personal hygiene care records have been reviewed with the Nurses & Senior Care Assistants to ensure all daily care delivery has been evidenced.</p> <p>Nurses update this is part of the monthly Care plan audit.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that wound care is completed in keeping with care plan directions and wound assessments and evaluations are completed each time wounds are redressed. Evaluations should comment on the condition and progress of the wound.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: This has been addressed with all registered nurses and is being monitored by the Home Manager, registered nurses are aware that wound care is to be completed as per care plan directions and wound assessments, evaluations are completed following redressing. Registered nurses are aware that evaluations should include the condition and progress of the wound. This will be monitored by the Home Manager.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 14 December 2019</p>	<p>The registered person shall ensure all daily evaluation of care records are meaningful and patient centred.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: This was addressed with all registered nurses after the inspection and daily care records are now more detailed and patient centred in relation to resident's condition. This will be monitored continually by the Home Manager.</p>

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