



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection Report 18 September 2020



Brooklands Healthcare Dunmurry

Type of Service: Nursing Home (NH)

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

Tel no: 028 9060 1020

Inspector: Sharon McKnight

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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 47 persons.

3.0 Service details

Organisation/Registered Provider: Brooklands Healthcare Ltd Responsible Individual(s): Jarlath Conway	Registered Manager and date registered: Temporary management arrangements in place.
Person in charge at the time of inspection: Deputy manager Wayne Salvatierra	Number of registered places: 47
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. 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: 35

4.0 Inspection summary

An unannounced inspection took place on 18 September 2020 from 10:10 hours to 16:20 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to areas of risk identified in homes. In response to this RQIA decided to undertake an onsite inspection to this home.

The following areas were examined during the inspection:

- Staffing
- care delivery
- care records
- Infection prevention and control (IPC) measures
- environment
- leadership and governance.

Patients told us they were happy living in the home. Examples of comments received are included in the main body of the report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	4

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Wayne Salvatierra, deputy manager, Deborah Campbell and Suzanne Kane, management 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.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home.

A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- Staff duty rota for the week commencing 11 September 2020
- care records for five patients
- supplementary care charts, including food and fluid intake and repositioning
- accidents and incidents records from February to September 2020
- records of monthly audit
- monthly monitoring reports dated 18 June and 27 August 2020.

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 previous inspection(s)

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 November 2019. No further actions were required to be taken following this inspection.

6.2 Inspection findings

6.2.1. Staffing

A system was in place to identify appropriate staffing levels to meet the needs of the patients. A review of the staffing rota for the week of the inspection confirmed that the staffing numbers identified were provided.

Observations confirmed that the needs of the patients on the on the ground floor were met by the staff on duty. Patients told us:

“I’m very happy here, they couldn’t be better to me.”
 “They all do a great job.”

We spoke with seven members of staff, who displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients’ individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, patients and relatives.

Earlier in the year the first floor of the home was registered for dementia care. Staff were familiar with patients preferences and their likes and dislikes. Staff were knowledgeable of dementia care and the importance of engagement with patients to provide a sense of fulfilment on a daily basis. We observed that the patient’s physical needs were being met by the number of staff of duty. However due to the dependency of patients there were not enough staff to engage with the patients outside of when they were delivering physical care or to adequately supervise them. This was identified as an area for improvement.

6.2.2 Care delivery

We arrived in the home mid-morning. The majority of patients were either being cared for in their individual bedrooms or in the lounge areas. Patients were supported by staff to adhere to social distancing. Patients were warm and comfortable.

Patients spoken with told us that they were well looked after and felt safe and comfortable in the home.

We discussed the arrangements for visiting with the staff who explained that due to the increased transmission of Covid 19 in the local area visiting indoors had been suspended; outdoor visits were currently being facilitated in the enclosed garden.

Precautions such as a booking system, temperature checks and provision of PPE were in place for visitors to minimise the risk of the spread of infection. Some relatives also visit their loved ones at their bedroom window. Systems such as video calls and regular telephone calls to ensure good communications between the home, patient and their relatives were also in place.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards.

“Thank you for the outstanding care, love and laughs and above all else the attention and genuine care you give ... daily especially through these horrendous times.

“I would like to thank you so much for the kindness shown to me in these very difficult times.”

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection. Unfortunately there were no responses received.

6.2.3 Care records

A range of assessments, to identify each patient's needs, were completed on admission to the home; from these assessments care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcomes of these assessments were available in the patients' notes.

Staff were well informed with regard to patients' needs, what areas patients were independent with and the level of assistance they required in daily life. Staff encouraged choice and independence. The care records in the dementia unit focused largely on the physical needs of the patients and did not include how dementia impacted on the patients' assessed needs. This was discussed with management who agreed to develop a more patient centred approach to care planning. Progress with this improvement work will be reviewed at the next inspection.

Arrangements were in place to identify patients who are unable to mobilise or move independently and are therefore at greater risk of skin breakdown. A review of records confirmed that staff assisted the patient to change their position regularly. Pressure relieving care was recorded on repositioning charts. These charts consistently evidence that the patients were assisted by staff to change their position regularly.

A number of patients were being nursed in bed. Some patients had pressure relieving mattresses in place which required to be set manually – we observed that these were set accurately in accordance with the patients weight.

We reviewed the management of wounds. Care plans were in place which detailed the dressing regime; records were maintained of an assessment of the wound at each dressing change. Care plans were not updated to reflect when wounds had healed or when the dressing regime was changed. This was identified as an area for improvement.

We observed that some patients had bedrails erected. We also observed patients with bedrails, a low bed and a crash mat all in place. Whilst bedrail assessments had been completed they

did not clearly identify if bedrails were a suitable intervention and there was no clear plan of care for patients' safety whilst in bed. This was identified as an area for improvement.

An assessment to identify patients' risk of falls was completed at the time of admission to the home. Where a risk was identified a care plan was put in place. If a patient had an accident a report was completed. In a number of the accident reports there was limited detail of the circumstances of the accident; this was discussed with management who agreed to monitor the completion of reports.

6.2.4 Infection prevention and control (IPC) measures

On arrival to the home we were met by a member of staff who recorded our temperature and asked us to complete a health declaration form; hand sanitiser and PPE were available at the entrance to the home. Signage had also been placed at the entrance to the home which provided advice and information about Covid-19. Staff and patient temperatures were being checked and recorded a minimum of twice daily.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE.

Signage was displayed on bedrooms where patients were self-isolating. PPE stations were available at the entrance to these rooms; the provision of clinical waste bins to allow staff to remove their PPE at the point of exiting these rooms was identified and addressed immediately by management.

The manager informed us that training in IPC had been provided to ensure that staff have the necessary skills and knowledge to care for the patients. We observed staff applying and removing PPE, good use of hand sanitising gel and hand washing. Records evidenced that regular hand hygiene and environmental audits were completed throughout the pandemic – these had ceased over the past few weeks prior to the inspection. It is/was agreed that these audits would be recommenced.

Patients appeared to be accepting of the need for staff to wear masks and/or visors. Staff advised that they explained the need for the use of the masks if any patients presented as confused or distressed by this. Staff and patient temperatures were being checked and recorded a minimum of twice daily.

6.2.5 Environment

The atmosphere in the home was relaxed and well organised. The environment was warm and comfortable and provided homely surroundings for the patients. The home was clean and fresh smelling throughout. Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails. Domestic staff were knowledgeable of the management of the cleaning of the bedrooms where patients were self-isolating.

We discussed plans to enhance the environment for patients with dementia on the first floor. Management explained that improvements were planned to make the environment more dementia friendly however at present it had not been possible to progress the improvements due to the current global pandemic. This will be reviewed again at a future inspection.

6.2.6 Leadership and governance

Since the last inspection there has been changes in management arrangements; RQIA were notified appropriately and updated as required. The management arrangements were discussed and an update of the current situation provided. The importance of ensuring that the manager's hours are clearly recorded in the home was discussed.

A number of audits were completed on a monthly basis to ensure the safe and effective delivery of care. For example, falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. As previously discussed hand hygiene and environmental audits were previously completed and required to be recommenced. Records were received following the inspection to confirm hand hygiene audits were completed 29 and 30 September 2020.

The monthly visits required to be undertaken to review the quality of the services provided have been completed throughout the outbreak by the regional manager. Reports of these visits included an action plan of any improvements required; the action plan was reviewed at the subsequent visit and progress made commented on in the report.

Areas of good practice

Areas of good practice were identified with regard to staff commitment to patient care, care delivery, the provision and usage of PPE and effective team work throughout the home.

Areas for improvement

Areas for improvement were identified with staffing in the dementia units, care records and the assessment of bedrails.

	Regulations	Standards
Total number of areas for improvement	0	4

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Wayne Salvatierra, deputy manager, Deborah Campbell, Suzanne Kane, management 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 41.2 Stated: First time To be completed by: 16 October 2020	<p>The registered person shall review the staffing level on the first floor dementia unit to ensure there are sufficient staff to appropriately engage with and supervise patients.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: The staffing levels on the first floor dementia unit were reviewed in line with residents dependency levels. Since the inspection the staffing levels have been increased to ensure sufficient staffing on the unit to appropriately engage and supervise the residents.</p>
Area for improvement 2 Ref: Standard 4.8 Stated: First time To be completed by: 16 October 2020	<p>The registered person shall ensure that care plans are updated to reflect when wounds have healed or when the dressing regime has changed.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: All nurses have completed a supervision in regards to ensuring when reviewing careplans that any acute careplans are discontinued when no longer applicable. All nurses are completing care plan Audits on a Monthly basis which is overseen by the Home Manager.</p>
Area for improvement 3 Ref: Standard 4.8 Stated: First time To be completed by: Ongoing from the date of inspection	<p>The registered person shall ensure that the bedrail assessment is reviewed to ensure that it clearly identifies if bedrails are a suitable intervention.</p> <p>Where the outcome of a bedrail assessment identifies that bedrails may pose a hazard alternatives should be tried and records maintained of what alternatives were considered.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: An audit of all residents who use bedrails was completed, only residents who have been assessed as suitable and safe to have bedrails have these insitu. This has also been signed off as agreed with the next of kin. Alternative interventions are in place for residents where bedrails are not deemed safe for the resident.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection.</p>	<p>The registered person shall ensure that where risks with patients' safety whilst in bed are identified a clear plan of care to manage this risk is in place.</p> <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken: A supervision for all nurses regarding risk assessment and careplanning risks is being completed by the home manager.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)