



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 28 May 2019



Brooklands Healthcare Dunmurry

Type of Service: Nursing Home
Address: 42e Cloona Park, 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 registered nursing home which provides care for up to 47 patients.

3.0 Service details

Organisation/Registered Provider: Brooklands Healthcare Ltd Responsible Individual: Therese Conway	Registered Manager and date registered: Maureen Munster 22 September 2015
Person in charge at the time of inspection: Maureen Munster	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: 45

4.0 Inspection summary

An unannounced inspection took place on 28 May 2019 from 09:00 hours to 16:30 hours.

This inspection was undertaken 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.

Evidence of good practice was found in relation to the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was safely managed without detracting from the homely atmosphere.

There were examples of good practice in relation to the assessment of patients' needs and the planning of how these needs would be met. Patients were attended to by their GP and other healthcare professionals as they required. The dining experience over lunchtime was calm and well organised with a selection of homemade meals provided.

We observed that patients were offered choice with their daily routine, that there were systems to provide patients with a say in the day to day running of the home. Activities provided had a positive impact on patients.

There were stable management arrangements with systems in place to provide management with oversight of the services delivered.

Areas requiring improvement were identified with the care records of one patient and with the follow up to requests/suggestions made at patients' meetings.

Patients told us they were happy in the home. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this 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	2

Details of the Quality Improvement Plan (QIP) were discussed with Maureen Munster, registered manager, 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.

4.2 Action/enforcement taken following the most recent inspection dated 24 August 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 24 August 2018. No further actions were required to be taken following this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' 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.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

The following records were examined during the inspection:

- duty rota for all staff for the period 17 -30 May 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of the monthly visits made on behalf of the responsible person
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance recorded as either 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 outstanding areas for improvement from previous inspections

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement all were met.

There were no areas for improvement identified as a result of the last medicines management inspection.

There were no areas for improvement identified as a result of the last estates inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

We talked with a number of the patients and relatives and asked their opinion of staff. Patients told us that staff attended to them promptly and if they were in their bedrooms staff came as quickly as they could when they called them. The patients said that staff were pleasant and attentive to them. It was obvious from the relaxed interactions between staff and patients that there were good relationships between them. We observed that those patients who, due to their frailty were unable to request staffs' attention, were regularly attended to by staff.

Patients were happy that they knew the staff and told us that there were few changes in the staff team. Patients said:

"Nothing different from you here last."

"Very attentive staff."

"Kitchen staff support me with healthy choices."

We spoke with the relatives of four patients. Relatives told us they were happy with how staff supported their loved ones with personal care and with their appearance. They were confident that staff responded to changes in their relatives' condition and that timely advice/attention was sought for medical issues.

We discussed the staffing levels with staff; all were satisfied that there were enough staff to meet the patients' needs.

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.

A system was in place to identify appropriate staffing levels to meet the patient's needs. A review of the staff rotas for the period 17 -30 May 2019 confirmed that the staffing numbers identified were provided.

There were sufficient staff available to ensure that catering and housekeeping duties were undertaken. An activity co-ordinator was employed to plan and deliver a range of social activities; they were supported by the wider staff team on the delivery of activities. Patients valued the activities provided and reported that they looked forward to them.

We discussed how staff were recruited and reviewed the recruitment records. The records confirmed that the appropriate checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home.

The home provides training for staff via an e learning programme and face to face training. Review of training records confirmed that staff had undertaken a range of training annually relevant to their roles and responsibilities.

We discussed how patients are protected from abuse. The home has a safeguarding champion to support the adherence to the safeguarding policies and procedures. The safeguarding and protection of patients was included in the induction and annual training programme for staff. Staff spoken with were knowledgeable of the action to take, and who to inform, in the event of an allegation of abuse being made or witnessing any practice they were concerned about.

Staff providing care in a nursing home are required to be registered with a regulatory body. For nurses this is the Nursing and Midwifery Council (NMC) and for care staff it is the Northern Ireland Social Care council (NISCC). The registered manager has a responsibility for ensuring all staff are registered appropriately. We observed that checks were being completed monthly and that all of the staff listed on the duty rota for the week of the inspection were appropriately registered.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. Where a risk to a patient was identified, for example a risk of falls or poor nutrition, a plan of care to minimise each risk was put in place. We observed that some patients had bedrails erected or alarm mats in place; whilst this equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest. Patients, where possible, their relatives and the healthcare professionals from the relevant health and social care trust were involved in the decision to use restrictive practice.

If a patient had an accident a report was completed at the time of the accident. We saw from the care records that the circumstances of each fall were reviewed at the time and the plan of care altered, if required. The registered manager reviewed the accidents in the home on a monthly basis to identify any trends and consider if any additional action could be taken to prevent, or minimise the risk of further falls. Patients' relatives, the registered manager and the appropriate health and social care trust were informed of all accidents. RQIA were also appropriately notified.

We observed staff and looked at the environment to determine if there was good practice to minimise the risk of the spread of infection. A sign was displayed on the front door of the home asking visitors to consider delaying their visit until another day if they had been in contact, or had symptoms of illnesses, such as vomiting and diarrhoea or colds and flus etc.

Hand sanitising gel was available in the reception area as you entered the home and at a variety of locations in the home as an additional resource to support good hand hygiene. Hand washing facilities were available throughout the home and in each bedroom. Gloves and aprons were readily available and we noted that staff used these appropriately. Housekeeping and laundry staff had a range of appropriate colour coded equipment which was being used appropriately.

The environment in Brooklands Healthcare Dunmurry was bright and tastefully decorated to provide a homely and comfortable surroundings for the patients and those that visit them. Extensive redecoration has been completed since the previous inspection. Numerous bedrooms and corridors have had new vinyl flooring laid, bedrooms have been repainted and new furniture and curtains provided. The refurbishment work was completed to a high standard and created a bright, fresh environment.

Patients had the choice of remaining in their bedrooms throughout the day or spending their day in the lounges or reception areas of the home. The majority of patients choose to spend their day in the company of others in these communal areas. A selection of comfortable chairs were available alongside space for patients who sat in their own specialised seating. Patients were encouraged to individualise their own bedroom; many had pictures, family photographs and ornaments brought in from home.

We saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Regular fire safety checks were completed on equipment and the environment.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was safely managed without detracting from the homely atmosphere.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We spoke with patients individually all of whom were generally happy in the home. We spoke with the relatives of four patients who confirmed that staff arranged visits from healthcare professionals as required, for example GPs, podiatry, opticians and dentists as needed. If patients were required to attend hospital appointments the staff made the necessary arrangements for them to attend.

Patient care was discussed at the beginning of each shift in the handover report. All of the staff spoken with were knowledgeable of individual patient need and of each patients routine for that day, including who had appointments outside of the home.

As previously discussed a range of assessments, to identify each patient’s needs, were completed on admission to the home. From these, care plans, which prescribed the care and interventions required to support the patient in meeting their daily needs were produced.

Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcome of these assessments were available in the patient's notes.

We reviewed how patients' needs in relation to wound prevention and care. Records confirmed that wounds were dressed in keeping with the care plan instructions. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust. For example podiatry and tissue viability nurses (TVN).

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. For those patients identified as at risk a care plan was in place. Pressure relieving care was recorded on repositioning charts. These charts evidenced that the patients were assisted by staff to change their position regularly. On one repositioning chart reference was made to a dressing; this was not referenced in any of the other care records, only on the repositioning chart. Following discussion with the deputy manager it was agreed that the records of the identified patient would be reviewed and updated to accurately reflect their skin care needs; this was identified as an area for improvement.

Patients' nutritional needs were identified through assessment and care plans, detailing the support patients need to meet their nutritional needs, were in place. Patient's weights were kept under review and checked monthly to identify any patient who had lost weight. Records of what individual patients eat at each meal were completed.

Patients told us the food was good and that there was always a good choice and plenty to eat. There was a relaxed atmosphere in the dining room during lunch and the tables were nicely set with cutlery and a choice of condiments. These are some of the comments received from the patients:

"The food is too good that's why I have trouble losing weight."
"Kitchen staff support me with healthy choices."

We reviewed the prevention and management of falls. Where a patient was identified as at risk of falling a care plan was drawn up to identify any preventative measures which may reduce the risk. We reviewed the accident book and the management of falls recorded. Falls risk assessments were regularly reviewed. Assistive technology, for example the use of alarm mats, was in use for a number of patients and, as previously discussed, was managed appropriately in the best interest of patients.

Staff were well informed with regard to patients' needs. They supported patients to make daily decisions and we observed that with patients who required support to make a decision staff used their knowledge of individuals to prompt decisions. Staff worked well as a team and reported that there were good relations between differing roles within the team.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required. The dining experience over lunchtime was calm and well organised with a selection of homemade meals provided.

Areas for improvement

The care records of the identified patient require reviewing and updating to accurately reflect the patient's skin care needs.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09:00 hours and were met immediately by staff who offered us assistance. Patients were present in the lounges or finishing their breakfast in the dining rooms or in their bedrooms, as was their personal preference. The atmosphere in the home was calm and quiet.

We spoke with patients throughout the day who all confirmed that they were supported to make daily choices; for example where to spend their day, have their meals and join in with activities. They said:

"I'm very happy here."

"I came to live here ... years ago, they must be doing something right."

"We're spoilt rotten."

Patients' opinions on matters which are important to them were sought in a variety of ways. Residents meeting are held throughout the year; the dates for 2019 were displayed in the reception area of the home; a meeting had been held in January, the next meeting was arranged for 10 June 2019. A record is kept of the issues discussed and actions to be addressed. Some patients were interested in having wireless internet connections, this issue was raised at a number of meetings. Whilst the minutes reflected that this had been approved by the responsible person patients spoken with were frustrated at the lack of progress. We raised this frustration with the registered manager who explained that work was ongoing to provide this service although no timescale had been identified for completion. It was agreed that a full update would be provided to patients at the meeting on 10 June 2019. To ensure that patients' meetings are an effective system for patients' voices to be heard requests/suggestions made must be reviewed within a meaningful timeframe and an explanation provided when requests cannot be met or timescales provided for requests that can. This was identified as an area for improvement.

We spoke with the relatives of four patients who were happy with how their loved ones were being looked after and that they were kept up to date with their daily needs. One relative told us; "An amazing place, my mind is at ease as I know how well my ... is looked after."

Relatives meetings are held twice yearly. At the last meeting relatives their opinion of staffing levels, care delivery, range of activities and the environment was asked. Suggestions for activities were provided. The registered manager explained that generally these meetings are not well attended with only three relatives in attendance at the most recent meeting held in January 2019. The registered manager explained that as they have an open door policy relatives tend to bring any issues or suggestions directly to her.

Questionnaires are also issued annually to patients and their relatives; these were issued in April 2019. A report of the responses will be completed and shared with the patients and relatives in due course.

There is varied range of activities provided within the home. A two week programme was displayed in the home detailing the daily activities planned. The larger events, for example the sponsored walk and summer barbeque were displayed in the foyer of the home to inform all visitors to the home of the dates for their diary. Activities, such as crafts, music, quizzes and board games were part of the weekly programme. Patients are supported with their spiritual needs with weekly visits from the Legion of Mary to say the rosary, communion weekly and individual visits from the patients' ministers of religion.

The activity programme also forges links with the locally community. Children from a local nursery have been visiting regularly and are hosting a fashion show and tea party in the home. Youth groups also visit one evening a week to play board games and share their experiences of growing up in the community that many of the patients grew up in; this cross generation working was commended.

The home has received numerous compliments, mainly in the form of thank you cards. These are some of the comments included:

"...would like to thank you for your unfailing love, care and attention to our ... received whilst living in Brooklands." (February 2019)

"You are fantastic in everything you do. ... loved it here as he called it his home."

"You all deserve an individual thank you for your attention to my beloved ..., all so friendly, so gentle, never failing respect."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to patient choice and the daily routine, systems to provide patients with a say in the day to day running of the home and the positive impact of the activities provided.

Areas for improvement

To ensure that patients' meetings are an effective system for patients' voices to be heard requests/suggestions made must be reviewed within a meaningful timeframe and an explanation provided when requests cannot be met or timescales provided for requests that can.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

There are well established management arrangements in the home. The registered manager is the person in day to day operation of the home; the current manager has been registered with RQIA since 2015 and was knowledgeable of her responsibility with regard to regulation and notifying the appropriate authorities of events. They are supported in their role by a deputy manager, administrator and nursing staff who were present throughout the inspection and knowledgeable of the day to day running of the home and patient care. Patients and staff reported that the registered manager was very approachable and available to speak to. Support is also provided by the Regional Manager and Responsible Person, Therese Conway.

The registered manager reviews the services delivered by completing a range of monthly audits. Areas audited included the environment, medications, health and safety, restraint and accidents and incidents.

The responsible person is required to check the quality of the services provided in the home and complete a report. This was done through a monthly visit by the regional manager. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available in the home.

A complaints procedure was displayed in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken, if the complainant was satisfied with the outcome and how this was determined. Patients and relatives told us that they were confident that any concerns or issues brought to the attention of staff would be appropriately addressed.

Examples of compliments received have been provided in section 6.5 of this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Maureen Munster, registered manager, 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 4 Stated: First time To be completed by: 25 June 2019	<p>The registered person shall ensure that the care records of the identified patient are reviewed and updated to accurately reflect the patient's skin care needs.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: On the day of inspection, the patient in question had a dry dressing in place to protect skin integrity and protect from moisture. Care Plans were devised to reflect same, however have since been discontinued as there was no wound and the dressing was subsequently removed</p>
Area for improvement 2 Ref: Standard 7.2 Stated: First time To be completed by: 25 June 2019	<p>The registered person shall ensure that requests/suggestions made at patients' meetings are reviewed at the subsequent meetings and an explanation provided when requests cannot be met or timescales provided for requests that can.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: This has been addressed with immediate effect. Management have since provided full update to the Chairperson of the Residents Committee and will continue to ensure that residents' voices are heard and reviewed within a meaningful time frame</p>



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