

Unannounced Inspection Report 17 October 2019



Brooklands

Type of Service: Nursing Home
**Address: Nursing Unit, 42e Cloona Park,
Dunmurry, Belfast, BT17 0HH**
Tel No: 028 9060 1020
Inspector: Rachel Lloyd

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 care for up to 47 patients. The nursing home is on the same site as a residential care home.

3.0 Service details

Organisation/Registered Provider: Brooklands Healthcare Ltd. Responsible Individual: Ms Therese Conway	Registered Manager: Miss Maureen Munster
Person in charge at the time of inspection: Miss Maureen Munster	Date manager registered: 22 September 2015
Categories of care: Nursing Homes (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 registered places: 47

4.0 Inspection summary

An unannounced inspection took place on 17 October 2019 from 09.40 to 15.30 hours.

The inspection took place to assess progress with any areas for improvement identified since the last care and medicines management inspections 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 management of medicines, the environment and the dining experience.

No areas requiring improvement were identified during this inspection.

Patients described living in the home in positive terms. Patients 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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Maureen Munster, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 28 May 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent care inspection on 28 May 2019. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management 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

During the inspection we met with seven patients, four relatives, the manager, five members of staff and briefly with the responsible person.

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.

During the inspection a sample of records was examined, which included personal medication and medicine administration records, care records and progress notes.

Areas for improvement identified at the last inspection were reviewed and an assessment of compliance recorded as met, partially met or not met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent care inspection

Areas for improvement from the most recent care inspection dated 28 May 2019		
Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for Improvement 1 Ref: Standard 4 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The manager confirmed that the care plan had been updated for this patient following the last inspection; the patient was no longer in the home. Care plans for two other patients with skin care needs were examined and found to be satisfactory.	
Area for Improvement 2 Ref: Standard 7.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Minutes of the last patients' meeting were reviewed and discussed and found to be satisfactory. A date for one request to be met has yet to be confirmed as work is ongoing; however this had been communicated to patients therefore this area for improvement was assessed as met.	

There were no areas for improvement identified following the last medicines management inspection on 24 August 2018.

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 arrived in the home at 09.40 hours and were greeted by the registered manager and staff who were helpful and attentive. Patients were mainly seated in the lounges and lobby whilst others remained in bed, in keeping with their personal preference or their assessed needs.

Observation of the delivery of care evidenced that staff attended to patients needs in a timely and caring manner.

The home was observed to be clean and warm, all areas inspected were appropriately decorated and clean. There were no malodours. Corridors were free from trip hazards and cleaning products were stored in areas not accessed by patients.

A sample of five personal medication records and medicine administration records were reviewed. These had been maintained in a satisfactory manner. A range of audits on the administration of medicines was completed. There was evidence that medicines were being administered as prescribed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the home's environment, staffing and the management of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	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.

There were procedures in place to ensure the safe management of medicines during a patient's admission or readmission to the home and for medicine changes. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Newly prescribed medicines, including antibiotics, had been received into the home without delay.

Nurses on duty were reminded to reset the thermometer on the medicines refrigerator upstairs daily after recording temperatures, since temperatures below the required range were observed over the last few days.

Nurse were also reminded to store prescribed nutritional supplements and thickening agents securely inside and not on top of the trolleys stored in the dining room.

Staff stated that there was effective teamwork; each staff member spoken to knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues. Staff had received training on Parkinson's from an external provider in August 2019.

We reviewed the lunchtime meal experience in the dining room upstairs. Lunch commenced at 12.30 hours. Patients dined at the main dining area or at their preferred dining area such as their bedroom or the lounges. Tables had been laid appropriately for the meal. The menu offered a choice of two meals for lunch. Patients who required their meals modified were also afforded a choice of meal. Food was served directly from the kitchen when patients were ready to eat their meals or be assisted with their meals. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner.

Patients consulted spoke positively of the food provision. They commented:

"The food here is plentiful."

"There is always plenty."

"There are five meals a day!"

A call bell from the adjacent residential home could be heard at the nurses' station for around ten minutes during lunchtime. This was discussed with the manager who advised that this could not be silenced in the nursing home, but would be addressed with residential care home staff. She stated that this system has been highlighted for attention but cannot be addressed without replacing the system in both homes.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely availability of newly prescribed medicines and antibiotics, communication between patients and staff and the encouragement/assistance provided by staff to ensure that patients enjoyed a nutritious meal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely.

Consultation with patients confirmed that living in the home was a positive experience. They provided positive feedback on the activities provided, the environment, staff attentiveness and helpfulness. One patient who loves music was very complimentary regarding a flute player who comes to play for her from a local youth group. One patient stated their preference for a larger room if one becomes available; this was shared with the manager who was aware. Comments from one relative regarding care in the residential care home were shared with the manager for action as necessary.

Comments from patients and relatives included:

"I wish the positives were on the news, it's not all bad!"

"I looked for anything to complain about, I wouldn't find it."

"Patricia (activities therapist) has a heart of gold and is always looking for something to do for you."

"I'm very happy. There is lots going on and organised."

"I'm in regularly and I'm happy. My relative is well looked after."

"I enjoy the trips. We were out on a trip last week and we've one planned for next week."

"They brought folk in from the fold where I used to live...that was lovely."

Of the questionnaires that were issued, two were returned from patients and three from relatives. The responses indicated that they were very satisfied with all aspects of the care.

One relative commented:

"Delighted with my mother's care, great home, great staff, and great management."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff/others.

The home was decorated for Halloween and staff and patients stated they had been involved. During the inspection musical entertainment was taking place and many of the patients and staff were taking part. There was a warm atmosphere and staff were observed interacting with the numerous relatives and visitors throughout the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

Discussion with staff confirmed that management were supportive and responsive to any suggestions or concerns raised. Staff confirmed that, if they had any concerns, they could raise these with the manager or the nurse in charge. All staff spoken to stated that they enjoyed working in the home. Nurses commented that the reliance on agency nurses to fill shifts due to difficulty in recruitment of permanent staff means that the small numbers of permanent nursing staff do all care planning, referrals and following up on medication and appointments etc. but that they are supported well by management. The comments made were shared with the manager for information and consideration.

We also sought staff opinion on staffing via the online survey. There were no responses received within the allocated time provided.

There were robust arrangements in place for the management of medicine incidents. Staff confirmed that they knew how to identify and report incidents. Medicines related incidents reported since the last medicines management inspections were discussed. There was evidence of the action taken and learning implemented following incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that incidents may need to be reported to the safeguarding team.

Areas of good practice

There were examples of good practice found in relation to quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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