



Unannounced Secondary Care Inspection

Name of Establishment:	Brooklands
RQIA Number:	1066
Date of Inspection:	3 February 2015
Inspector's Name:	Sharon McKnight
Inspection ID:	20367

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Brooklands
Address:	42e Cloona Park Dunmurry Belfast BT17 0HH
Telephone Number:	028 9060 1020
Email Address:	therese.conway.bhl@googlemail.com
Registered Organisation/ Registered Provider:	Brooklands Healthcare Ltd
Registered Manager:	Wendy Megarrell, acting manager
Person in Charge of the Home at the Time of Inspection:	Wendy Megarrell
Categories of Care:	NH - I NH - PH and PH (E) NH – TI
Number of Registered Places:	57
Number of Patients Accommodated on Day of Inspection:	53
Date and Type of Previous Inspection:	13 January 2014 Unannounced Secondary Care Inspection
Date and Time of Inspection:	3 February 2015 0915 – 17 30
Name of Inspector:	Sharon McKnight

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the acting responsible person
- discussion with the acting manager
- discussion with staff
- discussion with patients individually and to others in groups
- consultation with relatives
- review of a sample of policies and procedures
- review of a sample of staff training records
- review of a sample of care plans
- review of the complaints
- observation during a tour of the premises
- evaluation and feedback.

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients/Residents	15 individually and with the majority generally
Staff	7
Relatives	6
Visiting Professionals	0

Questionnaires were provided by the inspector, during the inspection, to patients / residents, their representatives and staff to seek their views regarding the quality of the service.

Issued To	Number Issued	Number Returned
Patients/Residents	0	0
Relatives/Representatives	6	3
Staff	12	6

6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Brooklands Nursing Home is situated on the outskirts of Belfast near Dunmurry.

The home is a two-storey building comprising of single and double bedrooms, some of which have en-suite facilities; it has six sitting rooms, two dining rooms, toilet, bathing and shower facilities, a kitchen and laundry, staff offices and designated staff facilities.

Car parking space is available to the front of the premises and patients have access to a designated patio area.

Local amenities such as churches, shops and the post office are available within the locality, and buses or taxis are available locally if required.

The home is currently registered to accommodate a maximum of 57 patients, assessed as requiring nursing care in the following categories of care:

I	Old age not within any other category
PH and PH (E)	Physical Disability over and under 65 years
TI	Terminal illness

8.0 Executive Summary

This unannounced inspection of Brooklands was undertaken by inspector Sharon McKnight on 3 February 2015 between 09 15 and 17 30 hours. The inspection was facilitated by Ms Wendy Megarrell, acting manager, who was available throughout the day. Feedback was provided to Ms Megarrell and Ms Therese Conway, acting responsible person at the conclusion of the inspection.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection on 11 and 12 June 2013 and 13 January 2014.

As a result of these inspections 12 requirements and 11 recommendations were issued. These were reviewed during this inspection and the inspector evidenced that 10 requirements have been complied with and one is assessed as moving towards compliance and has been stated for a second time. A previous requirement was made in regard to wound care. There were no patients accommodated on the day of inspection with wounds therefore the inspector was unable to validate this requirement and it has been carried forward for review at a future inspection. All of the recommendations have been complied with. Details can be viewed in the section immediately following this summary.

Inspection Focus

Review of six patients' care records evidenced that bladder and bowel continence needs were assessed as part of the physical and social assessment. In addition a urinary continence assessment and bowel assessment were also completed and contained greater detail of the patients' assessed continence needs. The outcome of these assessments was incorporated into the patients' care plans on continence care. Areas for improvement were identified in the care records and a recommendation has been made.

The management of urinary catheters was reviewed. Care records evidenced that catheters were changed regularly and in accordance with the recommended frequency. Fluid charts to monitor patients' fluid intake and urinary output were maintained for those patients with urinary catheters. Currently male catheterisation within the home is delivered by the district nursing service. It is recommended that consideration is given by the home manager for registered nurses to attend training and gain competency in male catheterisation.

Discussion with staff and observation made during the inspection evidenced that there were adequate stocks of continence products available in the nursing home. A recommendation is made in regard to the management of continence pants.

From a review of the available evidence, discussion with relevant staff and observation, the inspector can confirm that the level of compliance with the standard inspected is substantially compliant.

Additional Areas Examined

- Care Practices
- Complaints
- Patient Finance Questionnaire
- NMC Declaration
- Patients views
- Relatives comments
- Staff Comments
- Environment

Details regarding the inspection findings for these areas are available in the main body of the report.

Conclusion

The inspector can confirm that at the time of this inspection, the delivery of care to patients was evidenced to be of a good standard and patients were observed to be treated by staff with dignity and respect. Good relationships were evident between staff and patients. Patients were well groomed, appropriately dressed and appeared comfortable in their surroundings. Those patients who were unable to verbally express their views were also observed to be well groomed, appropriately dressed in clean matching attire and were relaxed and comfortable in their surroundings.

There were no requirements made as result of this inspection, however one requirement made as a result of the previous inspection is restated for a second time and one is carried forward for review at a future inspection. Three recommendations were made as a result of this inspection.

The inspector would like to thank the patients, relatives, home manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the Requirements and Recommendations Issued as a Result of the Previous secondary Unannounced Care Inspections Conducted on 13 January 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	20(1)(a)(b), (2)and(3)	<p>The registered person must ensure that at all times, having regard to the size of the nursing home, the statement of purpose and the number and needs of the patients, there are suitably qualified, competent and experienced persons working in the nursing in such numbers as are appropriate for the health and welfare of patients.</p> <ul style="list-style-type: none"> • the skill mix on duty on the ground floor must be increased to meet the assessed care needs of patients. • at all times, staff providing care to patients must have effective communication to meet each patients' individual needs. 	<p>The inspector was informed that following the inspection on 13 January 2014 staffing on the ground floor was reviewed and the skill mix increased by one registered nurse. However both staff and patients reported to the manager that this had not impacted positively on the care delivery due to the reduction of one care staff to facilitate the adjustment in skill mix.</p> <p>The former manager also reviewed the systems in place for the administration of medications.</p> <p>On the day of inspection the staffing on the ground floor between 08 00 and 20 00 hours was one registered nurse and four care staff.</p> <p>The inspector observed that the administration of the morning medications was completed by 11</p>	Compliant

			<p>00 hours. The registered nurse spoken with confirmed this would be the usual routine. Patients spoken with confirmed that they received their medications either prior to, or during breakfast. There were no concerns observed by the inspector or raised by staff or patients regarding staffing.</p> <p>Observations made throughout this inspection evidenced that staff had effective communication skills.</p> <p>This requirement is assessed as compliant.</p>	
2.	13(1)(a)	The registered person must ensure the management of medication administration during the morning period is urgently reviewed to ensure it is meeting patients' needs.	<p>Observations made during this inspection evidenced that the patients received their medicines in a timely manner.</p> <p>This requirement is assessed as compliant.</p>	Compliant

3.	24(2)(3)	<p>The registered person must ensure that all complaints received are effectively addressed.</p> <p>In addition recurring complaints themes should be identified and addressed to ensure there is learning and continuous improvement as part of the home's overall governance.</p>	<p>The inspector reviewed all of the recorded complaints for the period May 2014 – January 2015. Information recorded evidenced that complaints were effectively managed.</p> <p>Complaints were also reviewed and commented on as part of the monthly monitoring visits undertaken by the clinical governance manager.</p> <p>This requirement is assessed as compliant.</p>	Compliant
4.	27(2)(t)	<p>The registered person must ensure that a risk assessment to manage health and safety risks as identified in the main report is undertaken and an effective risk management plan is implemented to address identified risks.</p>	<p>During the inspection there were no nurse call bells which rang for excessively long periods. Observations made indicated that nurse call bells were activated by patients.</p> <p>The acting home manager confirmed that the identified door was still connected to the alarm system in the home but that staff had been advised that the door was not to be used routinely.</p> <p>This requirement is assessed as</p>	Compliant

			compliant.	
5.	29 (c)	The registered person must ensure that a copy of the monthly regulation 29 reports is maintained and is available in the nursing home for inspection at all times.	<p>A copy of the monthly regulation 29 reports was available in the nursing home for inspection.</p> <p>This requirement is assessed as compliant.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	25.11 25.12	The registered person must ensure that a hygiene audit is completed as part of the homes quality assurance process and an effective action plan is implemented.	<p>Review of audit records evidenced that there was an established system of audit within the home. Environmental audits were in place and included odour control, general cleanliness of the environment and cleanliness of patient's personal items. An action plan was created as part of the audit process.</p> <p>This recommendation is assessed as compliant.</p>	Compliant
2.	5.3	The registered person should ensure that staff provide support and assistance to patients by ensuring personal care needs are addressed and unworn dentures are kept in a suitable receptacle.	<p>Patients were observed to be well groomed and appropriately dressed. There were no issues identified with personal appearance. Suitable receptacles for dentures were provided in bedrooms.</p> <p>This recommendation is assessed as compliant</p>	Compliant

Follow-up on the Requirements and Recommendations Issued as a Result of the Previous Secondary Unannounced Care Inspections Conducted on 11 and 12 June 2013.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	20(1)(c)(i)(iii)	<p>The registered persons must review training information and provide confirmation to RQIA that the following has been completed by all staff:</p> <ul style="list-style-type: none"> • vulnerable adult training is completed during induction • refresher update training has been completed • all staff have been deemed competent, in recognising the indicators of abuse, responding and reporting to suspected, alleged or actual abuse to the relevant agency. • staff have received training on the role, responsibilities and function of the Health and Social Care Trust Safeguarding team. 	<p>Review of induction records evidenced that safeguarding vulnerable adults (SOVA) was completed on induction.</p> <p>Review of training records evidenced that staff completed refresher training.</p> <p>Systems were in place to ensure that staff were competent in recognising the indicators of abuse, responding and reporting to suspected, alleged or actual abuse.</p> <p>Details of who to contact in each of the health and social care trusts were displayed at each nurses station and in the manager's office.</p> <p>This requirement is assessed as compliant.</p>	Compliant

2	27 (4) (b) and (d) (i)	<p>The practice of propping and wedging fire doors must cease forthwith.</p> <p>The manager should provide written confirmation to RQIA that fire safety closure devices have been fitted on all bedroom doors.</p>	<p>The inspector observed that fire safety closure devices were fitted to all bedroom doors.</p> <p>Fire doors were not observed to be propped out.</p> <p>This requirement is assessed as compliant.</p>	Compliant.
3	14 (4)	<p>The registered persons must review the home's processes for making vulnerable adult referrals to ensure they are effective, and allegations of abuse, exploitation or neglect received by the home as complaints is escalated to the relevant safeguarding agency in a timely manner.</p>	<p>Review of records evidenced that potential safeguarding issues raised as complaints had been referred to the appropriate safeguarding team.</p>	Compliant.
4	13(1)	<p>The registered persons must ensure the management of wound care is being managed effectively and provide confirmation that the following issues have been addressed in full:</p> <ul style="list-style-type: none"> • the evaluation process must reflect the effectiveness of prescribed analgesia prior to dressing wounds • improved traceable information to reflect the name, type and serial number of pressure relieving mattresses and/ or pressure cushions which are in place • increased wound care evaluations are 	<p>Records were in place that logged the type of mattress, pressure cushion, bedrails and alarm mats. The records included the serial number of the equipment.</p> <p>The number of patients nursed continually in bed had significantly reduced since the previous inspection. The registered nurses spoken with were knowledgeable regarding the reasons why they were in bed. Care records contained</p>	<p>The elements of this requirement that the inspector was able to validate are assessed as compliant. The remainder of the elements are carried forward for review at a future inspection.</p>

		<p>recorded</p> <ul style="list-style-type: none"> the decision making for patients being continuously nursed in bed is recorded in the patients' care records and agreed with the patient, their nominated representative and the relevant trust personnel all wound care plans evidence the involvement of the patient and or nominated representative in the development and review of the care plan. there is improved communication with patients' relatives to ensure they are informed and frequently updated of the progress and or non-progress of each patient's wound. Records of these discussions are also maintained. 	<p>assessments and care plans to meet the patients' needs. There was evidenced of communication with relative in the care records.</p> <p>There were no patients resident at the time of inspection who had wounds. Therefore the inspector was unable to validate certain elements of this requirement.</p>	
5	20(1)(c)(iii)	<p>The registered person must confirm that all registered nurses receive the following training:</p> <ul style="list-style-type: none"> training in wound management pain management <p>and all registered nurses and care assistants receive training covering the following topics:</p> <ul style="list-style-type: none"> nutrition for patients with wounds 	<p>Review of training records and discussion with the acting manager evidenced that 4 registered nurses and 20 care staff had completed the e learning programme "Wound care and skin integrity". Review of the content of this training evidenced that wound management, pain</p>	<p>Moving towards compliance.</p>

		<ul style="list-style-type: none"> • continence management • repositioning of patients <p>Confirmation is required by RQIA that the registered manager has assessed registered nurses knowledge of wound assessment, management and treatment, including wound care products and dressings.</p>	<p>management, nutrition, continence and repositioning were included.</p> <p>This requirement is assessed as moving towards compliance and is stated for a second time.</p> <p>It was agreed with the acting manager that all staff would have completed this training within the next three months.</p> <p>Following completion of the training the acting manager will assess the registered nurses knowledge.</p>	
6	27(2)(t)	The registered persons must review the arrangements for health and safety and provide confirmation to RQIA that an identified trip hazard has been effectively eliminated.	<p>The acting manager confirmed that the carpet in the identified area was replaced on 8 August 2013.</p> <p>This requirement is assessed as compliant.</p>	Compliant
7	27(4)(d)(iii)	The registered persons must provide confirmation to RQIA all staff has participated in a fire drill and records are maintained	Records were maintained of the dates of fire drills and the staff who participated. Records evidenced that fire drills were held regularly.	Compliant

			This requirement is assessed as compliant.	
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	25.12	The registered person should ensure that follow up information recorded from the previous visits incorporates an action plan which is reviewed and reflects the progress or non-progress made during the next monthly visit.	Review of the reports of the monthly visits required to be undertaken in keeping with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 evidenced that this recommendation has been complied with.	Compliant
2	16.3	The registered persons should ensure that a system is implemented to validate that training delivered has been effectively and fully embedded into staff practice.	The acting manager confirmed that systems such as staff supervision and the managers daily audit evidenced if staff were embedding training into practice. Following review of records this recommendation is assessed as compliant.	Compliant
3	16.8	The registered persons must ensure that as part of the home's internal audit processes, sufficient records are maintained to evidence shortcomings and lessons learned from vulnerable adult investigations.	Review of records evidenced that a root cause analysis was now completed following incidence of vulnerable adult investigations and identified lessons learned.	Compliant
4	10.7	The registered person must ensure that care records reflect the decision making and the involvement of patients and or their representatives in the use of sensor alarm mats.	Review of care records evidenced that this recommendation has been complied with.	Compliant

5	3.4	<p>The registered person must ensure that any documents received from the referring trust in relation to the patient's admission are dated and signed upon receipt.</p>	<p>Review of documents received from the referring trust in relation to the patient's admission evidenced that this recommendation is assessed as compliant.</p>	Compliant
6	5.1	<p>The registered person must ensure that, a pain assessment using a recognised pain assessment tool is completed on admission for patients on regular analgesia, and an assessment of bowel type referencing the Bristol S tool Chart is completed for all patients on admission.</p>	<p>Care records reviewed contained a pain assessment and included the patient's bowel type as referenced in the Bristol Stool Chart.</p> <p>This recommendation is assessed as compliant.</p>	Compliant
7	5.3	<p>The registered person should ensure when there are changes to the patient's named nurse, an effective system for communicating this information to patient's and their representatives is implemented.</p> <p>In addition all care records must evidence, the involvement of the patient, or their nominated representative in both the development and the review of care plans.</p>	<p>The inspector observed that the name of the primary nurse and key worker was displayed in each patient's bedroom.</p> <p>Care records evidenced regular communication with relatives.</p> <p>This recommendation is assessed as compliant.</p>	Compliant
8	17.1	<p>The registered person must confirm to RQIA the action taken to address the issues raised by one relative during the inspection.</p>	<p>Confirmation was received by action was taken as required.</p> <p>This recommendation is assessed as compliant.</p>	Compliant

9	30.1	<p>The registered persons must ensure that care staffing is continuously kept under review and adjusted to ensure the increasing needs of patients are met.</p> <p>The name of the person in charge in the absence of the manager should be displayed and also highlighted on the duty roster.</p>	<p>The acting manager confirmed that care staffing was kept under review in keeping with patient dependency.</p> <p>The name of the person in charge was displayed in the home and highlighted on the duty roster.</p> <p>This recommendation is assessed as compliant.</p>	Compliant
10	34.1	<p>The registered person must ensure that there is a managed environment which minimises the risk of infection for patients, visitors and staff.</p> <ul style="list-style-type: none"> • labels affixed to bedroom furniture should be removed. 	<p>There were no labels observed on the day of inspection.</p> <p>This recommendation is assessed as compliant.</p>	Compliant

9.1 Follow-Up on any Issues/Concerns Raised with RQIA Since the Previous Inspection such as Complaints or safeguarding Investigations

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Since the previous inspection on 13 January 2014, RQIA have been notified by the home manager of ongoing investigations in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues.

Following discussion with the acting manager RQIA were satisfied that SOVA issues were dealt with in the appropriate manner and in accordance with regional guidelines and legislative requirements.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed:	COMPLIANCE LEVEL
<p>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual’s assessed needs and comfort.</p>	
Inspection Findings:	
<p>Review of six patients’ care records evidenced that bladder and bowel continence needs were assessed as part of the physical and social assessment. In addition a urinary continence assessment and bowel assessment were also completed and contained greater detail of the patients’ assessed continence needs.</p> <p>The outcome of these assessments was incorporated into the patients’ care plans on continence care. The care records did not contain details of the specific continence aids the patient required.</p> <p>Patients care records evidenced that assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. The management of continence, skin care, fluid requirements and patients’ dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate.</p> <p>The management of urinary catheters was reviewed. The frequency with which catheters were required to be changed was not always recorded in the care plan. Care records evidenced that catheters were changed regularly and in accordance with the recommended frequency. Fluid charts to monitor patients’ fluid intake and urinary output were maintained for those patients with urinary catheters. However the urinary output was not consistently recorded. For example in an eleven day period urinary output was only recorded on five days.</p> <p>Following review of care records the following is recommended:</p> <ul style="list-style-type: none"> • The type of continence pad and size of pants are recorded in the patient’s care records • the frequency with which catheters are required to be changed should be included in the patient’s care plan 	<p>Substantially compliant</p>

- urinary output is recorded daily.

Review of patient's care records evidenced that patients and/or their representatives were informed of changes to patient need and/or condition and the action taken by staff in response to need.

Discussion with staff and observation made during the inspection evidenced that there were adequate stocks of continence products available in the nursing home. The management of continence pants was discussed with staff who informed the inspector that these items of clothing were not personalised but managed communally. It is recommended that, in the interest of patient dignity, each patient should have continence pants supplied solely for their personal use.

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed:

19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.

COMPLIANCE LEVEL

Inspection Findings:

A policy for the management of continence was in place to guide staff regarding the promotion of bladder and bowel continence and management of incontinence.

Compliant

The inspector can also confirm that the following guideline documents were in place:

- NICE guidelines on the management of urinary incontinence
- NICE guidelines on the management of faecal incontinence
- RCN guidance on improving continence care.

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

<p>Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Not applicable</p>	<p align="center">Not applicable</p>
<p>Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Nursing staff spoken with on the day of the inspection were knowledgeable regarding the management of urinary catheters and the frequency with which the catheters within the home required to be changed. Currently male catheterisation within the home is delivered by the district nursing service. It is recommended that consideration is given by the home manager for registered nurses to attend training and gain competency in male catheterisation. Review of care records in regard to the management of stoma appliances evidenced that they were managed appropriately.</p>	<p align="center">Substantially compliant</p>

<p>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</p>	<p align="center">Substantially compliant</p>
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11.0 Additional Areas Examined

11.1 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff. Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly.

Review of bed side charts evidenced that those patients who were being nursed in bed, and unable to summon help, were attended by staff on a regular basis.

11.2 Complaints

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being managed.

The inspector discussed the management of complaints with the home manager and reviewed the complaint record. This evidenced that complaints were managed in a timely manner and in accordance with legislative requirements.

11.3 Patient Finance Questionnaire

Prior to the inspection a patient financial questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire indicated that patients' monies were being managed in accordance with legislation and best practice guidance.

11.4 NMC Declaration

Prior to the inspection the manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC) and that the registration status of all nursing staff was checked at the time of expiry.

11.5 Patients' Views

During the inspection the inspector spoke with fifteen patients individually and with the majority of others in smaller groups.

Patient spoken with confirmed that staff were polite and respectful, that they could call for help if required, that needs were met in a timely manner and that the food was good. Patients were aware of who to speak to if they had concerns and wanted to make a complaint.

Examples of patients' comments were as follows;

"I've no complaints, they do a good job."

"Staff are great "

"They couldn't do anymore for me."

"It's very good here, I m happy."

11.6 Relatives' Comments

Six relatives, spoken with during the inspection, commented positively regarding the attitude of staff and the care their loved one received. They confirmed that the staff were vigilant regarding changes in their loved ones health and contacted the relevant healthcare professionals in a timely manner. Relatives were satisfied that they were kept informed of changes to patient need and/or condition.

Three questionnaires were completed by relatives during the inspection. Responses to all of the questions asked were positive. One comment included was:

“My ... has been well cared for at all times in Brooklands and staff have always been patient and kind under sometimes very challenging circumstances.”

There were no issues or concerns raised by relatives with the inspector during this inspection.

11.7 Staff Comments

During the inspection the inspector spoke with seven staff including registered nurses, care staff and the activity leader. Staff spoken with commented positively in regard to the care delivery in the home, management and the support and training available. Staff were knowledgeable regarding individual patient need.

Seven completed staff questionnaire was received during the inspection. None were received following the inspection. Staff responses indicated that they had received an induction, completed mandatory training, completed additional training in relation to the planned primary inspection focus and were very satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

Examples of staff comments were as follows;

“I feel our residents are given a positive place to live.”

“Welcoming atmosphere, friendly staff, needs of residents are most important.”

“I love working here, I feel we all work good as a team.”

“All the staff need to be a team at all times.”

11.7 Environment

The inspector undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were clean and fresh smelling.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Therese Conway, acting responsible person and Ms Wendy Megarrell, acting manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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

Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.1</p> <ul style="list-style-type: none"> At the time of each patient’s admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient’s immediate care needs. Information received from the care management team informs this assessment. <p>Criterion 5.2</p> <ul style="list-style-type: none"> A comprehensive, holistic assessment of the patient’s care needs using validated assessment tools is completed within 11 days of admission. <p>Criterion 8.1</p> <ul style="list-style-type: none"> Nutritional screening is carried out with patients on admission, using a validated tool such as the ‘Malnutrition Universal Screening Tool (MUST)’ or equivalent. <p>Criterion 11.1</p> <ul style="list-style-type: none"> A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
A Comprehensive, holistic assessment of patients' needs is completed within 11 days of admission. Validated risk assessments used include the Braden pressure risk assessment, the MUST nutritional risk assessment tool, moving and handling risk assessment, falls risk assessment, Abbey pain assessment, continence assessment and where appropriate a wound observation chart.	Substantially compliant

The assessment process is audited as part of the homes governance system against compliance with the Company policies and procedures.	
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Section B	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.3</p> <ul style="list-style-type: none"> A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional. <p>Criterion 11.2</p> <ul style="list-style-type: none"> There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability. <p>Criterion 11.3</p> <ul style="list-style-type: none"> Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals. <p>Criterion 11.8</p> <ul style="list-style-type: none"> There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration. <p>Criterion 8.3</p> <ul style="list-style-type: none"> There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
The home operates a Named Nurse and key worker system. The Named Nurse has responsibility to review and evaluate treatment given and care delivered at identified and agreed time intervals as recorded in the care plan.	Substantially compliant

<p>Following admission to the home the Named Nurse develops a care plan with the patient and their representative, taking into account the identified risks and promoting maximum independence.</p> <p>Where advice and support is required from a member of the multi-disciplinary team such as the Dietician or Tissue Viability Nurse, a referral process is followed and documented. On receipt of advice and support the nurse will devise and adhere to the care plan which is reviewed to incorporate the treatment plan.</p>	
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Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 <ul style="list-style-type: none"> • Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
Re-assessment is an ongoing process and is carried out daily and at identified, agreed time intervals as recorded in the care plan. Day and night nursing staff record an evaluation in the daily progress notes of the delivery of care to each patient during the span of duty. Entries are correlated to the individual's care plans. Risk assessments and care plans are reviewed on a monthly basis or more frequently as required.	Substantially compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.5</p> <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. <p>Criterion 11.4</p> <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. <p>Criterion 8.4</p> <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Validated assessment tools such as the Braden pressure risk assessment and MUST nutritional risk assessment are used by nursing staff to develop care plans, and to inform and guide care practice in line with evidence based research.</p> <p>Wounds are assessed using a validated pressure ulcer grading tool and an appropriate treatment plan is implemented to include tissue viability advice. All wounds are audited by the Home Manager as part of the home's governance arrangements.</p> <p>Best practice guidelines such as the PHA Nutritional Guidelines and menu checklist for residential and nursing homes 2014 and the DHSSPS Promoting good Nutrition resources are followed and are available in the home.</p>	Substantially compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.6</p> <ul style="list-style-type: none"> Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients. <p>Criterion 12.11</p> <ul style="list-style-type: none"> A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory. <p>Criterion 12.12</p> <ul style="list-style-type: none"> Where a patient’s care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
<p>Individual care records are retained for each patient and stored securely and recorded in accordance with the NMC guidance on records and record keeping.</p> <p>The nursing and care staff maintain a food intake record of the food served at each mealtime which includes the specialist dietary needs of patients. Where a patient is identified as being at risk of inadequate food or fluid intake, daily records of food and fluids are maintained. Staff inform the nurse in charge and appropriate action is taken to refer to the relevant professional for advice.</p>	Substantially compliant

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 <ul style="list-style-type: none"> The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
Daily progress notes are recorded at each shift by day and night staff and are cross referenced to the patients' care plan. Care plans and clinical risk assessments are routinely reviewed monthly or more frequently depending on the identified needs of individual patients. The named nurse records the outcome of the assessment and the findings in the patients' care plan, significant changes are communicated to the patient and/or their representative and where appropriate referred onto the relevant health care professional.	Substantially compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.8</p> <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. <p>Criterion 5.9</p> <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
Care management reviews normally take place 6 weeks following admission to the home and yearly thereafter unless requested by the patient, patient's representative, the home or care management. Where minutes are provided by care management, care plans are updated to reflect any recommendations made following discussion of the patients assessment and needs where applicable.	Substantially compliant

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 12.1</p> <ul style="list-style-type: none"> Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines. <p>Criterion 12.3</p> <ul style="list-style-type: none"> The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Patients are provided with a nutritional and varied diet which meets their individual and dietary needs and preferences. A policy and procedure is in place to guide and inform staff in regard to nutrition and dietary intake which reflects best practice guidance.</p> <p>Choice is offered to all patients at all mealtimes. Should any patient not like either choice, an alternative may be offered by the catering staff which is recorded by the chef.</p>	Substantially compliant

Section I	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 8.6</p> <ul style="list-style-type: none"> • Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to. <p>Criterion 12.5</p> <ul style="list-style-type: none"> • Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times. <p>Criterion 12.10</p> <ul style="list-style-type: none"> • Staff are aware of any matters concerning patients’ eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure: <ul style="list-style-type: none"> ○ risks when patients are eating and drinking are managed ○ required assistance is provided ○ necessary aids and equipment are available for use. <p>Criterion 11.7</p> <ul style="list-style-type: none"> • Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20</p>	<p>Section compliance level</p>
<p>Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section</p> <p>Nurses maintain their knowledge and skill in managing feeding techniques for patients with swallowing difficulties through the support of the local Speech and Language Therapists and additional training sessions.</p> <p>Meals are served at appropriate intervals throughout the day. A choice of hot and cold drinks are offered along with biscuits, home baked tray bakes and scones. Patients with swallowing difficulties and diabetic patients are offered</p>	<p>Substantially compliant</p>

<p>appropriate snacks to meet their individual dietary requirements.</p> <p>Staff are aware of any patient at risk of choking, patients with swallowing difficulties and patients who require assistance or supervision. There are adequate staff numbers at mealtimes under the nurse's supervision to reduce risk.</p> <p>Staff are knowledgeable in the assessment and management of wounds and are supported through senior staff in the home including the Practice Development Nurse.</p>	
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<p>PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5</p>	<p>COMPLIANCE LEVEL</p>
	<p>Provider to complete</p>



Quality Improvement Plan

Unannounced Secondary Care Inspection

Brooklands

3 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Therese Conway, acting responsible person and Ms Wendy Megarrell, acting manager, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	13(1)	<p>Carried forward for review at a future Inspection.</p> <p>The registered persons must ensure the management of wound care is being managed effectively and provide confirmation of that the following issues have been addressed in full:</p> <ul style="list-style-type: none"> • the evaluation process must reflect the effectiveness of prescribed analgesia prior to dressing wounds • increased wound care evaluations are recorded • all wound care plans evidence the involvement of the patient and or nominated representative in the development and review of the care plan • there is improved communication with patients' relatives to ensure they are informed and frequently updated of the progress and or non-progress of each patient's wound. Records of these discussions are also 	One	Tracking audits have been completed on each resident with a wound. Results have demonstrated that the listed requirements 13 (1) are in place and are evaluated on a monthly basis.	From the date of inspection.

		maintained.			
		Ref section 9			
2	20(1)(c)(iii)	<p>The registered person must confirm that all registered nurses receive the following training:</p> <ul style="list-style-type: none"> • training in wound management • pain management <p>and all registered nurses and care assistants receive training covering the following topics:</p> <ul style="list-style-type: none"> • nutrition for patients with wounds • continence management • repositioning of patients <p>Confirmation is required by RQIA that the registered manager has assessed registered nurses knowledge of wound assessment, management and treatment, including wound care products and dressings.</p> <p>Ref section 9</p>	Two	<p>An e-learning module on wound management has been incorporated into the e-learning suite, the content of which includes</p> <ul style="list-style-type: none"> • wound assessment, management and treatment • pain management • nutrition for patients with wounds • repositioning of patients <p>A continence management module will be incorporated into the e-learning suite within 8 weeks.</p> <p>Nurses are undertaking an assessment on completion of the wound management module. Confirmation will be forwarded to RQIA on completion.</p>	Three months.

Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19.1	<p>It is recommended that:</p> <ul style="list-style-type: none"> • the type of continence pad and size of pants are recorded in the patient's care records • the frequency with which catheters are required to be changed should be included in the patient's care plan • urinary output is recorded daily. <p>Ref section 10, criterion 19.1</p>	One	A full review of continence/catheter care planning and record keeping has been commenced and will incorporate these recommendations.	By the end of March 2015.
2	1.1	<p>In keeping with patient dignity, each patient should have continence pants supplied solely for their personal use.</p> <p>Ref section 10, criterion 19.1</p>	One	Each resident (as required) has individual continence pants supplied and stored solely for their personal use	By the end of March 2015.
3	19.4	<p>Consideration should be given by the home manager for registered nurses to attend training and gain competency in male catheterisation.</p> <p>Ref section 10, criterion 19.4</p>	One	The Nurse Manager is sourcing training through the SESCT for Nursing staff with specific relevance to male catheterisation A male catheterisation module will be incorporated into the e-learning suite within the next 8 weeks.	By the end of March 2015.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Wendy Megarrell
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Therese Conway

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Sharon McKnight	24-03-15
Further information requested from provider			