Unannounced Care Inspection Report
14 April 2016

Brooklands

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Inspector: Sharon McKnight

1.0 Summary

An unannounced inspection of Brooklands took place on 14 April 2016 from 09 15 hours to 17 10 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The systems to ensure that care was safely delivered were reviewed. We examined staffing levels and the duty rosters, recruitment practices and staff training and development. The arrangements in place to confirm and monitor staff registration status with their professional bodies were reviewed. Through discussion with staff we were assured that they were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. There were systems in place to ensure that notifiable events were investigated and reported to the relevant bodies. A general inspection of the home confirmed that the premises and grounds were well maintained with no obvious hazards to the health and safety of patients observed. There were no issues observed with infection prevention and control practices.

There were no areas of improvement identified in the delivery of safe care.

Is care effective?

Evidenced gathered during this inspection confirmed that there were systems and processes in place to ensure that that the outcome of care delivery was positive for patients. A review of care records confirmed that patients were comprehensively assessed and care plans created to prescribe care. There were arrangements in place to monitor and review the effectiveness of care delivery. We examined the systems in place to promote effective communication between staff, patients and relatives and were assured that these systems were effective. Patients, relatives and staff were of the opinion that the care delivered provided positive outcomes.

There were no areas of improvement identified in the delivery of effective care.

Is care compassionate?

Observations of care delivery evidenced that patients were treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Systems were in place to ensure that patients, and relatives, were involved and communicated with regarding day to day issues affecting them. Patients spoken with commented positively in regard to the care they received.

There were no areas of improvement identified in the delivery of compassionate care.

Is the service well led?

There was a clear organisational structure and staff were aware of their roles and responsibilities. A review of care confirmed that the home was operating within the categories

of care for which they were registered and in accordance with their Statement of Purpose and Patient Guide.

There was evidence of good leadership in the home and effective governance arrangements. There were systems in place to monitor the quality of the services delivered and where areas for improvement were identified, for example as an outcome of audit; a re-audited to check that the any required improvements were addressed was completed.

There were no areas of improvement identified in the domain of well led.

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 Standard for Nursing Homes, April 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	**0**	**0**

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms 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.

1.2 Actions/enforcement taken following the most recent enforcement compliance inspection

The most recent inspection of the home was an enforcement compliance inspection. This announced inspection took place on 8 April 2016. The purpose of the inspection was to assess the level of compliance achieved by the home regarding the Failure to Comply Notice issued on 25 March 2016 in relation to the use of premises and the home operating outside the Statement of Purpose.

RQIA were satisfied that evidence was provided to validate full compliance with the requirements of the Failure to Comply Notice.

There were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: Brooklands Healthcare Ltd Therese Conway acting registered person	**Registered manager:** Maureen Munster
Person in charge of the home at the time of inspection: Maureen Munster	**Date manager registered:** 22 September 2015
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of registered places:** 59

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection we met with twelve patients individually and with the majority in small groups. In addition we met two registered nurses, three care staff, the activity co-ordinator, one domestic and five patients' relatives.

The following records were examined during the inspection:

- three patient care records
- staff duty roster
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- complaints and compliments records
- incident and accident records
- records of audit
- records of staff meetings
- reports of monthly visits undertaken in accordance with Regulation 29
- record of managers weekly report.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent care inspection 17 September 2015.

The most recent inspection of the home was an announced enforcement compliance inspection. This inspection resulted in no requirements or recommendations. Due to the focus of that inspection the recommendation made as a result of the care inspection undertaken on 17 September 2015 were not reviewed. The recommendations were carried forward and have been reviewed during this inspection.

4.2 Review of requirements and recommendations from inspection dated 17 September 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 20.2 **Stated:** First time	It was recommended that further opportunities, to discuss end of life care, are created by the registered nurses. Any expressed wishes of patients and/or their representatives should be formulated into a care plan. This should include any wishes with regard to the religious, spiritual or cultural need of patients'.	**Met**
	Action taken as confirmed during the inspection: A review of two care records evidenced that opportunities had been created to discuss and identify end of life care. Any wishes expressed were formulated into care plans. This recommendation has been met.	
Recommendation 2 **Ref**: Standard 7.3 **Stated:** First time	It is recommended that prior to leaving patients in their bedroom staff check that the nurse call lead is within easy reach.	**Met**
	Action taken as confirmed during the inspection: Observations made of patients in their bedrooms evidenced that they had their call bells left within easy reach. Discussion with patients confirmed that staff provided them with the nurse call lead prior to leaving the room. This recommendation has been met.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and advised that these levels were subject to regular review to ensure the assessed needs of the patients were met. The registered manager provided examples of the indicators they used to evidence that there was sufficient staff to meet the needs of the patients.

A review of the staffing roster for week commencing 8 April 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff, staffing rosters confirmed that administrative, maintenance, catering, domestic and laundry staff were on duty daily. Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. Relatives commented positively regarding the staff and care delivery.

The registered manager and registered nurses spoken with were aware of who was in charge of the home when the registered manager was off duty. The nurse in charge was not identified on the staffing roster. This was discussed with the registered manager and, prior to the conclusion of the inspection, the staffing roster was amended to clearly identify who was in charge of the home in her absence. It was also confirmed that this information would be included on all future rosters. A review of records evidenced that a competency and capability assessment had been completed with all nurses who were given the responsibility of being in charge of the home in the absence of the registered manager. The assessments were signed by the registered manager to confirm that the assessment process has been completed and that they are satisfied that the registered nurse was capable and competent to be left in charge of the home.

The arrangements in place to confirm and monitor the registration status of registered nurses with the Nursing and Midwifery council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC) were discussed. Checks were completed monthly and recorded. The date registrations were due for renewal with the NMC was recorded on the record maintained by the home. The renewal date was not included on the record for NISCC checks. The administrator confirmed that these renewal dates were held on a central electronic record for all of the homes within Brooklands Healthcare. Following discussion it was agreed that it would be good practice to have a record available in the home of the date of expiry for those staff employed in the home. Prior to the conclusion of the inspection the administrator updated the home's record to include this information. The registered manager and administrator were knowledgeable regarding the management of the NISCC registration process for newly employed staff.

A review of one personnel file evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. One completed induction programme was reviewed. The programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme the registered manager signed the record to confirm that the induction process had been satisfactorily completed.

Training was available via an e learning system known as “EVO training” and internal face to face training arranged by Brooklands Healthcare. Training opportunities were also provided by the local health and social care trust and external agencies such as The Royal College of Nursing (RCN). The registered manager had systems in place to monitor staff attendance and compliance with training.

The registered manager explained that she was currently working on systems to ensure that staff received appraisal and supervision. The registered manager’s plan was to ensure that all staff have an annual appraisal; supervision would be undertaken a minimum of twice yearly and in response to learning opportunities and the development needs of staff. It was agreed that we would review the progress with appraisal and supervision at a future inspection.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered nurses, care staff and domestic staff were aware of whom to report concerns to within the home. Annual refresher training was considered mandatory by the home.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process to accurately identify risk and inform the patient’s individual care plans.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The registered manager completed a monthly analysis of falls to identify any trends or patterns.

A general inspection of the home was undertaken to examine a random sample of patients’ bedrooms, lounges, bathrooms and toilets. The majority of patients’ bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated.

Fire exits and corridors were observed to be clear of clutter and obstruction.

There were no issues identified with infection prevention and control practice.

Areas for improvement

No areas for improvement were identified with the delivery of safe care during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.4 Is care effective?

A review of three patient care records evidenced that initial plans of care were based on the pre admission assessment and referral information. A comprehensive, holistic assessment of patients' nursing needs was commenced at the time of admission to the home. As previously discussed a range of validated risk assessments were completed as part of the admission process.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) and dieticians. Care records were regularly reviewed and updated, as required, in response to patient need. Patient confidentiality in relation to the storage of records was maintained.

Wound management in respect of one patient was reviewed. Records evidenced that wound care was delivered as prescribed. The delivery of care to minimise the risk of patients acquiring pressure ulcers was reviewed for one patient who was nursed in bed for long periods. Records evidence that the patient was assisted to reposition regularly. It was good to note that the patients request to participate in social activities was considered in the management of their physical needs.

There was evidence within the care records that patients and/or their representatives were involved in the care planning process. There was also evidence of regular, ongoing communication with relatives. Registered nurses spoken with confirmed that care management reviews were arranged by the relevant health and social care trust. These reviews were generally held annually but could be requested at any time by the patient, their family or the home.

Discussion with the registered manager and staff advised that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication. Staff spoken with confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

The registered manager confirmed that staff meetings were held regularly and that records of these meeting were maintained with staff enabled to contribute to the agenda. The most recent meeting was held on 22 January 2016; the signatures of the staff attending, issues discussed and any agreed outcomes were recorded. The record of each meeting was made available to staff

Staff advised that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff also confirmed that if they had any concerns, they would raise these with the registered manager.

Ten relative questionnaires were issued; three were returned prior to the issue of this report. All of the respondents indicated that they were very satisfied with the delivery of safe, effective and compassionate care, and that the home well lead.

One relative commented that "The staff are brilliant. But they are under staffed."

Ten questionnaires were issued to nursing, care and ancillary staff; one was returned prior to the issue of this report. The response to the questions were positive with the exception of one question; "Are there sufficient staff to meet the needs of the patients?" The respondent indicated "no" and commented that "This is due to increased dependency levels." This comment is contrary to what was reported and observed during the inspection.

Areas for improvement

No areas for improvement were identified with the delivery of effective care during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.5 Is care compassionate?

Throughout the inspection there was a calm atmosphere in the home and staff were quietly attending to the patients' needs. Patients were sitting in the lounges, or in their bedroom, as was their personal preference.

Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Staff spoken with were knowledgeable regarding patients likes and dislikes and individual preferences.

We discussed how the registered manager consulted with patients and relatives and involved them in the issues which affected them. The registered manager has regular, daily contact with the patients and visitors and was available, throughout the day, to meet with both on a one to one basis if needed. Patients and relatives spoken with confirmed that they knew who the registered manager was and that she was regularly available in the home to speak with.

The activity co-ordinator holds regularly meetings with the patients. The main agenda item was activities however other issues would be discussed as they arose. The minutes of the meeting held on 12 April 2016 reflected that issues had been raised regarding meals and the temperature of the home. These issues are raised with the registered manager, she plans to attend the next meeting and inform the patients of the action taken. The activity co-ordinator explained that they were keen to create a residents committee and that a patient had agreed to chair the meetings. Work was ongoing with management, staff and patients to agree the role of the patients committee and how they could be involved in the home.

Patients spoken with commented positively in regard to the care they received. The following comments were provided:

"We're all one big happy family."
"They all do a great job."
"They are all very good to you."

Those patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable in their surroundings. Observation of care delivery confirmed that patients were assisted in a timely manner.

Numerous compliments had been received by the home from relatives and friends of former patients. The following are some comments recorded in thank you cards displayed:

"To the management and staff of Brooklands Nursing Home. We would like to thank you for all your care and attention of our father … you made his short stay very comfortable…"

"Thank you so much for looking after …It makes my break so much more relaxing when I know she is so well looked after."

Relatives spoken with confirmed that they were welcomed into the home by all staff. They were confident that if they raised a concern or query with the registered manager or staff, their concern would be addressed appropriately.

Areas for improvement

No areas for improvement were identified in the delivery of compassionate care during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.6 Is the service well led?

The certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The Statement of Purpose and Patient Guide were displayed and available in the reception area of the home.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff spoken with were knowledgeable regarding the line management arrangements within the home and who they would escalate any issues or concerns to; this included the reporting arrangements when the registered manager was off duty. Discussions with staff also confirmed that there were good working relationships; staff stated that management were responsive to any suggestions or concerns raised.

Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and their representatives confirmed that they were confident that staff and/or management would address any concern raised by them appropriately. Patients were aware of who the registered manager was and reported that they would have daily contact.

A record of complaints was maintained. The record included the date the complaint was received, the nature of the complaint, details of the investigation and a copy of the letter sent to the complainant. The record also indicated how the registered manager had concluded that the complaint was closed. There were numerous thank you cards and letters received from former patients and relatives; examples of these have been included in the previous domain.

The registered manager discussed the systems she had in place to monitor the quality of the services delivered. A programme of audits was completed on a monthly basis. Areas for audit included care records, falls, complaints and the maintenance and cleanliness of the

environment. A review of the record of audits evidenced that where an area for improvement was identified there was evidence of re-audited to check that the required improvement had been completed.

Communication between the registered person and registered manager was discussed. The registered manager explained that a weekly report was completed and sent by electronic mail every Monday to the acting registered person and relevant senior personnel within Brooklands Healthcare. The report is a summary of patients' conditions, for example infections and significant weight loss, pressure ulcers and wounds, admissions to hospital and occupancy. Management issues such as staffing, complaints, adult safeguarding, serious adverse incidents (SAI) and any inspections completed in the home were also commented on. The registered manager explained that, whilst the acting registered person was present in the home regularly throughout the week, this formal report ensured they were kept informed of the operational issues in the home.

The unannounced monthly visits required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed in accordance with the regulations. An action plan was generated to address any identified areas for improvement.

Areas for improvement

No areas for improvement were identified in the domain of well led.

Number of requirements	**0**	**Number of recommendations**:	**0**

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards.

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