



Unannounced Care Inspection Report

26 April 2018



Brooklands

Type of Service: Nursing Home
Address: 42e Cloona Park, Belfast, BT17 0HH
Tel No: 028 9060 1020
Inspector: Sharon McKnight

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 59 persons.

3.0 Service details

Organisation/Registered Provider: Brooklands Healthcare Ltd Responsible Individual: Therese Elizabeth Conway	Registered Manager: Maureen Munster
Person in charge at the time of inspection: Ana Marie Cirneci, registered nurse Maureen Munster, registered manager joined the inspection 11.00 – 13.30 hours	Date manager registered: 22 September 2015
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 59

4.0 Inspection summary

An unannounced inspection took place on 26 April 2018 from 09.30 to 17.10 hours.

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.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, staff recruitment, induction, training, adult safeguarding, infection prevention and control, risk management and the home's environment. There were examples of good practice found throughout the inspection in relation to assessment of patient need and the management of falls, health care associated infections and wound care. Good practice was observed in relation to the culture and ethos of the home, provision of activities and valuing patients and their representative views. There were robust systems in place for governance, the management of complaints and incidents and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff who conduct supervision receiving some training/awareness of their supervisory role, the creation of care plans for the management of nutrition and the completion of repositioning charts.

Patients said they were happy living in the home. Those patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. Comments received are included in 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	3

Details of the Quality Improvement Plan (QIP) were discussed with Jane Bell, operations manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 1 August 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 1 August 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with eight patients individually and with others in small group, six staff and one patients' relatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 13 -26 April 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three staff recruitment and induction files
- seven patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 1 August 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 6 April 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 38 Stated: First time	The registered provider should ensure that recruitment records include information to explain the reasons for leaving previous employment where candidates have worked with children or vulnerable adults.	Met
	Action taken as confirmed during the inspection: A review of three completed application forms evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Standard 45 Stated: First time	The registered provider should ensure that wheelchairs and specialised seating are thoroughly cleaned and a cleaning schedule put in place to ensure they are maintained clean.	Met
	Action taken as confirmed during the inspection: Observations made throughout the inspection evidenced that this area for improvement has been met.	
Area for improvement 3 Ref: Standard 47 Stated: First time	The registered provider should ensure that patient equipment is stored appropriately.	Met
	Action taken as confirmed during the inspection: No inappropriate storage of equipment was observed during this inspection. This area for improvement has been met.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 13 -26 April 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely manner. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

We spoke with relatives of one patient during the inspection; they were complimentary regarding staff. A total of five completed questionnaires were received from relatives during the inspection and six were received following the inspection. With the exception of one response, all of the respondents indicated that they were satisfied, or very satisfied that there were enough staff and that they could talk to staff if they had a concern. One respondent was unsatisfied that there were enough staff and commented "not enough staff to toilet."

Review of three staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training was delivered through face to face interactive sessions and via an e learning programme. Training records included the date the training was attended/completed, the names and signatures of those who attended face to face training and provided compliance rates of staff that have completed training in each topic via e learning. Records evidenced good compliance with mandatory training. The registered manager confirmed that systems were in place to ensure staff received annual appraisal and regular supervision. Staff conducting supervision should receive some training/awareness of their supervisory role. This was identified as an area for improvement.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of seven patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 12 February to 26 April 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and dining rooms. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Some refurbishment of bedrooms has taken place recently with further areas for redecoration identified. The redecoration was tasteful, completed to a good standard and enhanced the overall environment of the home.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control measures were consistently adhered to. We observed that personal protective equipment, for example gloves and aprons, were available throughout the home. Equipment for the management of laundry and waste was in place for patients with a known HCAI.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

An area for improvement under the standards was identified in relation to staff who conduct supervision should receive some training/awareness of their supervisory role.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

A review of seven patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. We reviewed the management of nutrition, patients' weight, falls, management of infections and wound care.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of monthly. We reviewed the management of nutrition and weights for two patients that had been identified as having poor nutritional intake and at high risk of malnutrition. Both patients had been referred to the dietician. A nutritional risk assessment was completed monthly; however the care plans for nutritional management did not reference that the patients were at risk of poor dietary intake. Patients who are assessed as at risk of malnutrition should have a nutritional care plan in place to manage the risk. This was identified as an area for improvement.

We reviewed the management of falls for three patients. Falls risk assessments were completed and reviewed regularly. A care plan was in place to manage the risk of falls. Records reflected that the care plan was reviewed at the time of any falls and interventions evaluated to ensure they continue to meet the needs of the patient.

As previously discussed care plans were in place for patients with a known healthcare associated infection (HCAI). One care plan reviewed included best practice guidance from the Public Health Authority (PHA).

We reviewed the management of wound care for one patient. Care plans contained a description of the wound, location and the prescribed dressing regime. A review of wound care records evidenced that prescribed dressing regimes were generally adhered to. Care plans were in place for patients assessed as at high risk of pressure ulcers. The care plans included the frequency with which patients required to be assisted to change to their position. Repositioning charts for two patients were reviewed; the charts contained gaps in recording and did not consistently evidence that patients were assisted to change their position for pressure relief in accordance with their care plans. This was identified as an area for improvement.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced 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 and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment of patient need and the management of falls, health care associated infections and wound care.

Areas for improvement

Areas for improvement under the standards were identified with nutritional care plan and the completion of repositioning charts.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

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

We arrived in the home at 09.30 hours; staff were busy assisting patients with breakfast. Some patients remained in bed in keeping with their personal preference or their assessed needs. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and a review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity co-ordinator explained that they were actively working with community groups to provide connections with the local community, opportunities for patients to engage with the local youth and a greater variety of activities. The activity co-ordinator explained that they strive to provide activities in both group and individual settings depending on the patients' needs and preferences.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Patients consulted confirmed that they were involved in decision making about meal choices on a daily basis. Patients were offered a choice of meals, snacks and drinks throughout the day. Patients spoken with stated that they were satisfied with the meals provided.

There was evidence that the home had received many compliments in regards to the care provided; a number of cards were displayed on the noticeboard. There were systems in place to obtain the views of patients and their representatives on the running of the home. Questionnaires were issued to patients and relatives in March 2018 and responses were being received at the time of the inspection. The regional manager confirmed that when all of the responses were received a report would be compiled and made available in the home. The following are examples of some comments included in the responses received to date:

“I and my relative are very happy with all standards at the home as a relative I can rest easy in the knowledge that my relative is in all aspects of care safe and sound and being treated with respect and dignity.”

“...the care he receives in Brooklands is of the highest standard possible. They meet all of his needs daily and I am very happy and satisfied with his care.”

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

As previously discussed a total of five completed questionnaires were received from relatives during the inspection and six were received following the inspection. With the exception of one response, all of the respondents indicated that they were satisfied or very satisfied with the care provided across the four domains. No additional comments were recorded.

Staff were asked to complete an on line survey, we had no responses within the timescale specified. Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, provision of activities and valuing patients and their representative views.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff evidenced that the registered manager's working patterns supported effective engagement with patients, their relatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The regional manager explained that diversity and equality of opportunity for patients was supported by staff; any training required by staff to support patients, would be provided as required.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

A review of records evidenced that the registered manager completed a number of audits to assure the quality of care and services. For example, audits were completed regarding accidents/falls, care records and wound care.

A review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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 RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jane Bell, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 40 Stated: First time To be completed by: 24 May 2018	<p>The registered person shall ensure that staff conducting supervision received some training/awareness of their supervisory role.</p> <p>Ref: section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Training for staff responsible for conducting supervisions, is currently being sourced in order to provide an increased awareness of their supervisory roles. This will be delivered alongside other internal training delivered by both the Regional and Registered Manger</p>
Area for improvement 2 Ref: Standard 12.3 Stated: First time To be completed by: 24 May 2018	<p>The registered person shall ensure that patients who are assessed as at risk of malnutrition have a nutritional care plan in place to manage the risk.</p> <p>Ref: section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager is monitoring care documentation closely to ensure that those patients who are assessed as at risk of malnutrition have a detailed care plan in place to manage the risk.</p>
Area for improvement 3 Ref: Standard 4.9 Stated: First time To be completed by: 24 May 2018	<p>The registered person shall ensure that repositioning charts are accurately maintained to evidence that patients are assisted to change their position for pressure relief in accordance with their care plan.</p> <p>Ref: section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager, alongside Senior Nursing Team will ensure closer monitoring of repositioning charts, which has already commenced via a more robust auditing system. The importance of these audits have been communicated to nursing and care staff. All care documentation used in the Home is currently under review by the Regional Manager for Conway Group.</p>

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



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