



The Regulation and  
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Authority

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**Unannounced Care Inspection  
of  
Brooklands**

**15 October 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 15 October 2015 from 10 00 to 16 00 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively;**  
**Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Brooklands which provides both nursing and residential care.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 26 February 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	5

The details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Liz Bonello, manager and Ms Wendy Magarrell, clinical governance manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Brooklands Healthcare Ltd Therese Elizabeth Conway (acting)	<b>Registered Manager:</b> Please refer to section below
<b>Person in Charge of the Home at the Time of Inspection:</b> Ms Liz Bonello, manager	<b>Date Manager Registered:</b> Application for registered manager had not been received at the time of this inspection
<b>Categories of Care:</b> NH-I, NH-PH, NH-PH(E), NH-TI, RC-DE	<b>Number of Registered Places:</b> 62
<b>Number of Patients Accommodated on Day of Inspection:</b> 28 nursing 30 residential	<b>Weekly Tariff at Time of Inspection:</b> Nursing care - £643.00 Residential care - £520.00

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

### Standard 19: Communicating Effectively

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

## 4. Methods/Process

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

- discussion with the manager
- discussion with staff
- discussion with patients
- discussion with relatives
- review of records
- observation during a tour of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection, we met with 26 patients, two registered nurses, nine care staff, and seven patient's visitors/representative.

The following records were examined during the inspection:

- seven patient care records including care charts
- policies and procedures regarding communication, death and dying, palliative and end of life care
- record of complaints and compliments
- staff training
- fire risk assessment
- medication competency assessments.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 26 February 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 18 (2) (a)</p> <p>Stated: Second time</p>	<p>Patients who are unable to operate the nurse call system due to cognitive impairment must have a risk assessment in place and a plan of care implemented to ensure they are regularly attended by staff.</p> <p><b>Action taken as confirmed during the inspection:</b> Care records were in place for those patients who were unable to operate the nurse call system. This requirement has been met.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p>	<p>The registered person must ensure that where registered nurses are responsible for the administration of medicines they must witness that the medicine has been taken before they sign the administration record.</p> <p><b>Action taken as confirmed during the inspection:</b> Competency assessments for the administration of medicines were completed with all of the staff who were responsible for administering following the previous inspection. Records of the completed assessments were reviewed. There were no issues identified with the administration of medicines during this inspection. This requirement has been met.</p>	

Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 12.1 <b>Stated:</b> First time	The serving of the morning and afternoon tea should be reviewed to ensure that hot drinks are served hot.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Insulated flasks had been provided for the morning and afternoon tea. Patients spoken with were satisfied that their drinks were served hot. This recommendation has been met.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 3.1 <b>Stated:</b> First time	The Patient Guide should be updated to include the options available for escorting and transporting patients to appointments outside of the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the Patient Guide evidenced that this recommendation has been met.	

### 5.3 Standard 19 - Communicating Effectively

#### Is Care Safe? (Quality of Life)

A policy was available on communicating effectively. A copy of the DHSSPS regional guidance on breaking bad news was available in the home.

Training had not been provided on breaking bad news. However, discussion with the manager, registered nurses and care staff confirmed that staff were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication. Staff spoken with were knowledgeable, experienced and confident in communicating with patients and their representatives.

#### Is Care Effective? (Quality of Management)

Three care records evidenced that patient individual needs and wishes in respect of aspects of daily living were appropriately recorded. However, there was limited evidence that end of life issues were discussed with the exception of Do Not Attempt Resuscitation (DNAR) directives.

Care records made reference to the patients' specific communication needs including sensory and cognitive impairment. There was evidence within the care records that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

The registered nurses demonstrated their ability to communicate sensitively with patients and relatives when breaking bad news and provided examples of how they had done this in the past. Care staff considered the breaking of bad news to be the responsibility of the registered nursing staff but felt confident that, should a patient choose to talk to them about a diagnosis or prognosis of illness, they would have the necessary skills to do so.

### Is Care Compassionate? (Quality of Care)

Observations of the delivery of care and staff interactions with patients confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. Staff were knowledgeable regarding patient need and how best to communicate with individual patients. Staff were observed responding to patients' needs and requests promptly and cheerfully.

Patients spoken with all stated that they were very happy with the quality of care delivered and with life in the home.

Patients and their representatives consulted were complimentary of staff and the care provided. Relatives confirmed that they were kept up to date with any changes to their loved ones condition. Consultation with relatives is further discussed in section 5.5.1. Good relationships were very evident between staff, patients and visitors.

Compliment cards and letters were displayed throughout the home. Review of these indicated that patients and relatives were appreciative of the care provided by the home.

### Areas for Improvement

There were no areas for improvement identified with this standard.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

### Is Care Safe? (Quality of Life)

Policies and procedures on the management on palliative care and care of the dying patient were available and referenced GAIN Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes, December 2013. A copy of this best practice guidance was also available in the home.

Records evidenced that three registered nurses had attended training in the management of syringe drivers delivered by the local health and social care trust in July 2015. Training on palliative and end of life care was attended by 11 staff on 25 June 2015. The manager confirmed that further dates would be arranged and staff identified to attend.

An e-learning programme on palliative care and grief and loss was available for all staff. At the time of this inspection six staff had completed the palliative care programme. The manager had systems in place to monitor compliance with mandatory training to ensure that all staff completed the required programmes.

Discussion with the registered nurses and care staff evidenced that staff were knowledgeable in identifying when a patient's condition was deteriorating or nearing end of life and the appropriate actions to take.

The manager confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services through the local health and social care trust. Procedures for timely access to any specialist equipment or drugs were in place.

## **Is Care Effective? (Quality of Management)**

Review of care records and discussion with the manager and registered nurse evidenced that patients' needs with regard to death and dying were included in the activity of daily living assessment or physical and social assessment completed for each patient. In the care records examined these sections were blank. One of the three care records examined was not reflective of the patient's need; interventions prescribed in plans were generic and had not been individualised. A recommendation was made.

In the residential unit care plans for patients who required palliative care were written by the district nursing services.

The manager and registered nurses acknowledged that, whilst some discussion had taken place regarding the wishes of patients and relatives with the DNAR directives, there was a need to create further opportunities to discuss end of life care in greater detail; in particular in the event of patients becoming suddenly unwell.

Whilst we acknowledge there will be occasions when patients and/or their relatives do not wish to discuss end of life care, opportunities should be created by the registered nurses to discuss end of life care and any expressed wishes of patients and/or their representatives formulated into a care plan. A recommendation was made.

Staff confirmed that facilities were made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support were provided by the staff team.

A review of notifications of death to RQIA during the previous inspection year evidenced that these were reported appropriately.

## **Is Care Compassionate? (Quality of Care)**

The religious, spiritual or cultural needs of the patients reviewed had not been recorded and there was no evidence of consideration of these areas in respect of end of life care.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs on a regular basis.

Arrangements were in place in the home to facilitate family and friends to spend as much time as they wish with the patient. Staff discussed openly a number of deaths in the home and how the home had been able to support the family members in providing refreshments and facilitating staying overnight with their loved ones.

From discussion with the manager, eight staff and a review of the compliments record, there was evidence that there were sound arrangements in the home to support relatives during this time. 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 received:

"Thanks to everyone at Brooklands for your wonderful care of our dear mother and for providing a real home from home for her and the rest of us."

“Thank you all for the care and attention you have shown to both my dad and his family over the last few difficult years. I will be eternally grateful.”

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to end of life care of patients in the home.

All of the staff consulted confirmed that they were given an opportunity to pay their respects after a patient’s death. From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient.

### Areas for Improvement

A detailed plan of care to meet the patients individual needs, should be in place.

It is 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 for end of life care. This should include any wishes with regard to the religious, spiritual or cultural need of patients’.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## 5.5 Additional Areas Examined

### 5.5.1. Consultation with patients, their representatives and staff.

We spoke with 26 patients individually and with the majority of patients in smaller groups. Comments from patients regarding the quality of care, food and in general the life in the home were positive. Due to the cognitive impairment of some patients they were unable to articulate their views.

Some of the comments received from patients in the residential unit were;

“I am very happy here”

“There are no complaints”

“There are no complaints”

“This is a lovely place”.

Patients in the residential unit were engaged in pastimes of choice such as socialising with one another, watching television, resting or planned activity with the activities co-ordinator. Communal televisions and music systems were programmed to channels appropriate to the patients’ age group, taste and choice.

Seven patients’ representatives confirmed that they were happy with the standard of care and communication and support provided by staff. There were no issues or concerns raised regarding care.

We met with eleven staff of various grades who commented positively regarding teamwork, managerial support and staff morale. Staff were knowledgeable regarding their patient’s needs, wishes and preferences and commented positively with regard to the delivery of care. Staff commented on the increasing dependency of patients at mealtimes in the nursing unit. The serving of lunch is discussed in section 5.5.2.



Staff in the residential unit spoke positively about the provision of training. However two staff commented that the training in dementia would be more beneficial if it was delivered in person as opposed to e-learning and that the training should be delivered more frequently. A recommendation was made for the provision of dementia training to be reviewed and included in the home's training and development plan. This review should give consideration to the method of delivering the training, for example, a face to face session as opposed to an e learning programme, and the frequency with which staff require to have this training.

Seventeen questionnaires were issued to staff. Three were returned. Staff indicated that they were satisfied or very satisfied that care was safe, effective and compassionate. The following comment was included:

“Home has a good atmosphere...”

“Good team work here.”

“Management is really good and provide all facilities that we request.”

### **5.5.2. Lunchtime**

The serving of the lunchtime meal was observed. There appeared to be a lack of allocation of staff to individual tasks. This resulted in the serving of the meal being disorganised with some patients having to wait for a long time to receive their meal. Patients were seated at tables where one patient would receive their meal while another patient at the same table waited for periods of up to 15 minutes to receive theirs. Patients who had chosen to have their lunch in their bedroom were served their meal on a tray. A heated trolley was available to keep meals warm until there were served. However some meals were placed on trays which were left sitting with the meal covered for up to 15 minutes prior to being taken to the patient. It is recommended that the serving of meals is reviewed to ensure that the dining experience is positive for patients. This review should include the deployment of staff throughout mealtimes.

The meals served were appetising and patients were complimentary regarding the variety and quality of the food.

In the residential unit an appetising, well presented lunch time meal was provided. Staff were observed assisting patients to wash their hand before their meal was served. Staff provided assistance to the patients in a timely manner.

### **5.5.3 Management of continence needs in the residential unit**

Policies and procedures pertaining to the management of continence were available. There was also guidance and information available for staff.

An individualised assessment and plan of care was in place for each patient. Assessed needs were referred to district nursing services. The district nurse in consultation with the patient and the home prescribed a plan of care. This plan of care includes provision of continence aids.

From discreet observations of care practices we found that residents were treated with care, dignity and respected when being assisted by staff. Continence care was undertaken in a discreet private manner.

Staff had received training in continence management. Staff demonstrated knowledge and understanding of this area of care.

#### **5.5.4 Accident/ Incident Reports – Residential Unit**

Accident and incident reports completed for the period from the previous inspection to this inspection were reviewed. This review evidenced that accidents and incidents were appropriately managed and reported.

#### **5.5.5 Fire Safety**

We reviewed the home's most recent fire safety risk assessment, dated 14 January 2014. Assurances were given from the maintenance staff and management of the home that the recommendations from this assessment had been addressed. The manager confirmed that a review of the fire safety risk assessment and update, where appropriate, was arranged for the week following the inspection.

Fire safety training including fire safety drills were completed regularly and records maintained.

There were no obvious risks within the environment in terms of fire safety, such as wedging opening of doors, observed.

#### **5.5.6 General Environment – Residential Unit**

The home was clean and tidy throughout, with good housekeeping arrangements in place. The general décor and furnishings were of a good standard. The carpet in the sensory room and adjacent corridor area were stained and malodorous. A recommendation was made to address the stains and malodour; if they cannot be eliminated the carpets should be replaced.

Residents' bedrooms were comfortable with many facilitated with personal artefacts and memorabilia.

The grounds to the home were well maintained with good accessibility for residents.

### **6. Quality Improvement Plan**

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Liz Bonello, manager and Ms Wendy Magarrell, clinical governance manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

## 6.1 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 (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 4.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 26 November 2015</p>	<p>It is recommended that detailed plans of care to meet patients' individual needs are in place.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Care plans have been reviewed to ensure they include details of individual needs. These are audited as part of the home's governance system. The Registered Nurses have received one to one training on care planning.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 20.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 26 November 2015</p>	<p>It is 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 for end of life care. This should include any wishes with regard to the religious, spiritual or cultural need of patients'.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>A questionnaire has been introduced for residents and their families that has created an opportunity to discuss end of life wishes. These are then incorporated into a plan of care.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 39.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 February 2016</p>	<p>The provision of dementia training for staff in the residential unit should be reviewed and incorporated in the home's written training and development plan. This review should give consideration to the method of delivering the training, for example, a face to face session as opposed to an e learning programme, and the frequency with which staff require to have this training.</p> <hr/> <p>Training is being sourced for face to face Dementia care training.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 12.21</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 26 November 2015</p>	<p>It is recommended that the serving of meals in the nursing unit is reviewed to ensure that it is a positive experience for patients.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>The dining experience has been reviewed and discussed with staff. This has involved the organisation and allocation within the dining room.</p>

<b>Recommendation 5</b> <b>Ref:</b> Standard 44.1 <b>Stated:</b> First time <b>To be completed by:</b> 15 November 2015	It is recommended that the stains and malodours in the carpets in the sensory room and adjacent corridor area are addressed. If the odours and staining cannot be eliminated the carpets should be replaced.		
	The sensory room flooring has been replaced. Malodours are monitored daily by staff.		
<b>Registered Manager Completing QIP</b>	Liz Bonello	<b>Date Completed</b>	7.12.15
<b>Registered Person Approving QIP</b>	Therese Conway	<b>Date Approved</b>	7.12.15
<b>RQIA Inspector Assessing Response</b>	Sharon McKnight	<b>Date Approved</b>	9-12-15

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**