



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 21 February 2020



Brooklands Healthcare Antrim

Type of Service: Nursing Home
Address: Nursing Unit, 50 Bush Road, Antrim BT41 2QB
Tel no: 028 9446 0444
Inspector: Joanne Faulkner

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 18 patients.

3.0 Service details

Organisation/Registered Provider: Brooklands Healthcare Ltd Responsible Individual: Therese Elizabeth Conway	Registered Manager and date registered: Sharon McCreary Acting – No application received
Person in charge at the time of inspection: Sharon McCreary	Number of registered places: 18
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.	Number of patients accommodated in the nursing home on the day of this inspection: 16

4.0 Inspection summary

An unannounced inspection took place on 21 February 2020 from 09.40 hours to 15.30 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Brooklands Healthcare Antrim which provides nursing care.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and determined if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- dining experience
- complaints
- adult safeguarding
- incidents
- consultation
- governance arrangements.

Evidence of good practice was found in relation to the delivery of care to patients. Staff demonstrated that they had an understanding of the individual needs of the patients. The delivery of care took into account needs, personal choice and level of dependence of the individual patients.

Three areas requiring improvement were identified during this inspection in relation to storage of records, nutritional monitoring of patients and staff meeting arrangements.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

We would like to thank the patients and staff for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Sharon McCleary, Acting 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 5 December 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 5 December 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are retained

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. No patient/relative's questionnaires were returned to RQIA prior to the issuing of this report. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the relevant timescales.

The following records were reviewed during the inspection:

- duty rota information for all staff from 14 to 26 February 2020
- incident and accident records
- two patient care records
- a sample of governance audits/records
- complaints records
- compliments received
- adult safeguarding records
- the monthly monitoring reports for December 2019 and January 2020
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (1) (2) (a)(b) Stated: First time	The registered person shall ensure that a care plan is developed and reviewed on an ongoing basis to manage the identified patient's pressure care.	Met
	Action taken as confirmed during the inspection: From records viewed it was identified that care plans had been developed in relation to the management of pressure care for individual patients.	

<p>Area for improvement 2</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that RQIA is notified of any accident occurring in the home which results in injury to patients.</p> <hr/> <p>Action taken as confirmed during the inspection: From records viewed it was confirmed that RQIA had been notified of any accident occurring in the home which resulted in injury to patients.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 22</p> <p>Stated: First time</p>	<p>The registered person shall ensure that, in the event of a patient sustaining a head injury or the potential for a head injury following a fall in the home, neurological observations are checked at the time of the accident and monitored for 24 hours.</p> <hr/> <p>Action taken as confirmed during the inspection: Records viewed evidenced that neurological observations had been completed in the event of a patient sustaining a head injury or the potential for a head injury following a fall in the home.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that nutritional descriptors used in the home between kitchen staff and care staff are reflective of IDDSI indicators.</p> <hr/> <p>Action taken as confirmed during the inspection: It was identified that guidance provided were reflective of IDDSI indicators.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that food intake records accurately reflects the actual foods consumed by patients.</p> <hr/> <p>Action taken as confirmed during the inspection: It was confirmed from documentation viewed that food intake charts accurately recorded the actual foods and fluids consumed by patients.</p>	<p>Met</p>

Area for improvement 4 Ref: Standard 4 Criteria (9) Stated: First time	The registered person shall ensure that repositioning records are completed in full to include the position the patients have been repositioned from and to and that the records accurately reflect the time of repositioning.	Met
	Action taken as confirmed during the inspection: From records viewed it was identified that repositioning records include details of the position patients have been repositioned from and to and that the records accurately reflect the time of repositioning.	

6.2 Inspection findings

6.2.1 Staffing arrangements

We reviewed staffing arrangements within the home; the manager is currently acting and is in the process of submitting an application to RQIA to be registered. There was evidence of a clear organisational structure within the home. The manager is supported by a team of registered nurses and healthcare assistants. In addition, there is a team of support staff which includes an administrator, housekeeping, laundry, maintenance and kitchen staff and an activities coordinator.

On the date of inspection the certificate of registration was on display and reflective of the service provided. No concerns regarding the management of the home were raised during the inspection.

Discussions with the manager and staff, and a sample of the home's rota information viewed indicated that the manager endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients.

The manager stated that staffing levels were subject to ongoing review to ensure the assessed needs of the patients were appropriately met. The duty rota information viewed, reflected the staffing levels as discussed with the manager during inspection. The manager stated that on occasions due to staff being unavailable at short notice the staffing levels may be reduced. They stated that they will access agency staff as required. The manager stated that they have requested that one additional staff is provided on the morning shift to ensure the needs of patients are met.

Observation of the delivery of care provided evidenced that patients' needs were met by the levels and skill mix of the staff on duty. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs.

Discussions with a number of patients during the inspection identified that they had no concerns regarding the care and support provided; they spoke positively in relation to the care provided.

The staff rota information viewed indicated that the care is provided by a core staff team; staff felt that this supports them in ensuring continuity of care to patients. Staff described how continuity of staff can have a positive impact on the patients' experience in relation to their human rights such as privacy, dignity and respect.

Staff who spoke with the inspector had a clear understanding of their roles and responsibilities. Patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

Discussions with patients and staff, and observations made indicated that staff had a good understanding of the individual needs of patients. Staff could describe the importance of respecting patients' personal preferences and choices and in supporting them to make choices. Patients who could not verbalise their feelings in respect of the care they received were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Throughout the inspection patients' needs and requests for assistance were observed to have been met in a timely, respectful and caring manner. Interactions between staff and patients were observed to be compassionate and appropriate; we observed that patients were offered choice. Staff were observed taking time to chat to patients and provided care in a manner that promoted privacy, dignity and respect.

It was identified from discussions with staff and records viewed that the most recent staff meeting was convened in July 2019, this was discussed with the manager and an area for improvement identified.

6.2.2 Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction.

The entrance area to the home was welcoming and well decorated; there was information available relating to Infection Prevention and Control (IPC), hand hygiene and raising concerns. No malodours were detected in the home.

We observed a number of the shared areas and noted that they well decorated, clean and uncluttered. The majority of the sample of patients' bedrooms viewed were found to be clean, warm and well decorated and had been personalised to the individual interests, preferences of patients. However, we noted that a door was missing from a wardrobe in the room of one patient and a shower chair that was damaged. This was discussed with the manager and correspondence was received immediately following the inspection confirming that these matters had been addressed.

Bathrooms/toilets were clean and fresh; a supply of gloves and aprons was readily available to staff throughout the home. Staff were observed to use protective equipment appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised by staff. Information leaflets with regard to IPC issues such as hand hygiene were available for staff, patients and their visitors. Sluice doors were locked and chemicals stored safely.

6.2.3 Care records

Patient care records are retained electronically. The review of care records for two patients identified that they were individualised to the needs of the person; they included details of patient's assessed needs, risks and preferences. Records viewed included referral information and in addition included risk assessments and care plans.

There was evidence that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Care plans viewed provided details of the care required by individual patients; staff record daily the care provided to patients and care plans are reviewed monthly. Care plans were noted to have been updated following recommendations from professionals such as Speech and Language Therapists (SALT) and Dieticians.

There was evidence that a range of risk assessments are reviewed monthly in areas such as pressure care, nutrition and dependency. We identified that on a small number of occasions patients' weight had not been monitored as detailed in their care plan. This was discussed with the manager and an area for improvement identified.

Discussions with staff and patients and observations made provided assurances that care is provided in a person centred manner.

We observed that archived care records were being retained in a store room that was unlocked; this was discussed with the manager and an area for improvement identified.

6.2.4 Dining experience

We noted that mid-morning patients were offered a range of hot and cold beverages and a selection of snacks. We observed the serving of the mid-day meal; the atmosphere in the dining room was calm and relaxed. The dining room was observed to be clean and table settings were noted to be appropriate; napkins, condiments and cutlery were provided. Staff were in attendance in the dining room.

Food served was noted to be appetising and well-presented and appropriate portion sizes were provided. Food was covered when being transferred from the dining room to patients who had chosen to have their meal in their bedroom. Patients spoken with indicated that the food was good.

A number of patients required staff support with eating their meal; staff were observed taking time to chat to the patients and in ensuring they were satisfied with their food. We observed staff offering and providing assistance in a discreet manner when necessary; they were wearing appropriate protective clothing with regards to food hygiene good practice. Patients were provided with appropriate clothing protection as required.

6.2.5 Complaints

Discussions with the manager and the review of records indicated that complaints received by the home since the previous inspection had been managed appropriately. Discussions with the manager and staff indicated that they were knowledgeable in relation to the process for managing complaints received. Complaints are audited monthly as part of the quality monitoring audit.

6.2.6 Adult safeguarding

A review of adult safeguarding information and discussions with the manager provided evidence that no referrals had been made in relation to adult safeguarding since the last inspection.

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Patients could describe the process for reporting matters of concerns; they indicated that staff were approachable. A record is retained of actions taken in relation to adult safeguarding matters; this information is reviewed as part of the monthly quality monitoring process.

Staff could describe their responsibility in relation to reporting poor practice and had awareness of the home's policy and procedure with regard to whistleblowing.

6.2.7 Incidents

A review of a sample of the accidents and incidents which had occurred within the home identified that they had been managed appropriately. There was evidence that incidents/accidents are audited monthly; the manager stated that this assists them in highlighting trends and risks, and identifying areas for improvement.

6.2.8 Consultation

During the inspection we spoke with four patients, small groups of patients in the dining room and lounge areas and four staff members. Patients who could verbalise their views provided positive feedback in relation to the care provided by staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Patient's comments

- "Very happy, staff are good."
- "Food is okay."
- "Very good place. Food is good they normally get me something else if I don't like it."
- "Staff are good. I have no problems with anything."

Staff comments

- "Happy, no issues. It is a nice place."
- "I speak to my supervisor if I am not happy."
- "I enjoy working here, the care is good."
- "Busy, I wish I had more time."
- "When at full capacity I feel we could do with extra staff in the mornings. Happy otherwise."
- "Care is good, patients are safe."
- "There has been no staff meeting for ages."
- "Staff nurses listen to us."
- "Patients are well cared for, they are safe and have choice."

Comments made by two staff members in relation to working arrangements were discussed with the manager; assurances were provided that this matter would be discussed with staff in the form of a staff meeting and a record retained of the issues raised by staff.

Discussions with patients indicated that staff were friendly and approachable; they indicated that they had no concerns in relation to the care provided.

We observed a number of staff supporting patients in the dining room and lounge areas; the interactions indicated that staff were respectful of patients by asking them their choices in relation to a range of matters such as food and participation in activities. There was a relaxed atmosphere in all areas within the home.

Discussion with the patients and staff provided evidence that there were systems in place to obtain the views of patients and their representatives on the day to day running of the home.

Ten questionnaires were provided for distribution to the patients and/or their representatives; no responses were received prior to the issuing of this report

At the request of the inspector, the manager was asked to display a poster within the home. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

6.2.9 Governance arrangements

Discussions with the manager and records viewed provided evidence that systems were in place to monitor and report on the quality of care provided. There is a system for completing quality monitoring audits on a monthly basis and for developing a report in accordance with Regulation 29. The monthly quality monitoring visits are completed by the quality and governance lead for the organization.

We reviewed a number of the audit reports that evidenced Regulation 29 monitoring visits were completed in accordance with the regulations. It was identified that an action plan is generated to address areas identified for improvement. Reports viewed were noted to include details of the review of the previous action plan; review of staffing arrangements including staff training and registration with the relevant regulatory bodies; accidents/incidents; adult safeguarding matters; care records; environmental matters and complaints.

The records indicated engagement with staff, patients, and where appropriate their representatives. Comments included: "I enjoy it here, I have been in other homes but this is the best."; "I am happy with my aunt here, she is well looked after."; "I enjoy working here; residents are well cared for."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and safeguarding matters. We noted that care was provided in a person centred and compassionate manner.

Areas for improvement

Three areas requiring improvement were identified during this inspection in relation to storage of records, nutritional monitoring of patients and staff meeting arrangements.

	Regulations	Standards
Total number of areas for improvement	0	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sharon McCreary, Acting 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	
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis and at a minimum quarterly.</p> <p>Ref: 6.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Staff meetings have been held in all departments in March 2020 and will continue to be held at least quarterly moving forward.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that nutritional screening is repeated monthly, or more frequently depending on individual assessed need.</p> <p>Ref: 6.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: A supervision was completed with registered nurses regarding timely completion of nutritional screening as per residents' careplans. This will be closely monitored by management through the auditing process.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure clear, documented systems are in place for the management of records in accordance with legislative requirements and best practice guidance.</p> <p>This refers specifically to the safe storage of archived care records retained in the home.</p> <p>Ref: 6.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: The faulty keypad to the archive store has been fixed and care records are now stored safely in accordance with best practice guidelines.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care