



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment:	Brooklands
Establishment ID No:	11289
Date of Inspection:	3 July 2014
Inspector's Name:	Sharon McKnight
Inspection ID	17176

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General Information

Name of Home:	Brooklands Nursing Home, Antrim
Address:	50 Bush Road Antrim BT41 2QB
Telephone Number:	(028) 9446 0444
E mail Address:	Lynette@conwaygroup.co.uk
Registered Organisation/ Registered Provider:	Brooklands Healthcare Ltd Jarleth Conway
Registered Manager:	Mrs Brenda Rushe
Person in Charge of the Home at the Time of Inspection:	Mrs Brenda Rushe
Categories of Care:	Nursing - I, PH, PH (E), TI Residential – DE (Dementia)
Number of Registered Places:	31 nursing 31 residential Total 62
Number of Patients Accommodated on Day of Inspection:	31
Scale of Charges (per week):	Residential - £476.00 Nursing - £587.00 - 627.00
Date and Type of Previous Inspection:	17 September 2013 9.30am – 4.40pm
Date and Time of Inspection:	3 July 2014 10 00 – 15 15 hours
Name of Inspector:	Sharon McKnight (Nursing)

1.0 Introduction

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

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

1.1 Purpose of the Inspection

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

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

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

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

1.2 METHODS/PROCESS

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

- Discussion with the Registered Manager
- discussion with staff
- discussion with patients individually and to others in groups
- review of a sample of staff duty rotas
- review of a sample of care plans
- evaluation and feedback
- observation during a tour of the premises.

1.3 Inspection Focus

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

STANDARD 30 – STAFFING

The number and ratio of nurses and care assistants on duty at all times meet the care needs of patients.

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

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

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

2.0 Profile of Service

Brooklands Nursing home is situated close to the town of Antrim and adjacent to Antrim area Hospital. The nursing home is owned and operated by Brooklands Healthcare. The responsible person is Mr Jarleth Conway. The current registered manager is Mrs Brenda Rushe.

Accommodation for patients/ residents is provided on both floors of the home (describe)
Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided throughout the home.

The home also provides for catering and laundry services on the lower ground floor.
A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 62 persons, 31 within the categories of nursing and 31 within the residential category.

Nursing care categories:

I	old age not falling into any other category.....if required... to a maximum of 31 patients
PH	physical disability other than sensory impairment under 65
PH(E)	physical disability other than sensory impairment over 65 years
TI	terminally ill

Residential care categories

DE	dementia care
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3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to the nursing unit within Brooklands. The inspection was undertaken by Sharon McKnight on 3 July 2014 from 10 00 to 15 15 hours. The inspection focused on one standard from the DHSSPS Nursing Homes minimum standards issued in February 2008. The standard inspected was Standard 30: Staffing.

The inspector was welcomed into the home by Mrs Brenda Rushe, registered manager who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Mrs Rushe at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients and staff. The inspector observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

The home is registered as a nursing home with residential beds. Due to the differing needs of nursing and residential clients the nursing and residential unit were inspected independently of each other. A separate report has been issued detailing the inspection findings of the residential unit.

As a result of the previous inspection conducted on 17 September 2013 two requirements and four recommendations were issued. These were reviewed during this inspection. The inspector evidenced that both requirements and three of the recommendations had been fully complied with and one was assessed as moving towards compliance and is stated for a second time. Details can be viewed in the section immediately following this summary.

STANDARD 30 – STAFFING:- The number and ratio of nurses and care assistants on duty at all times meet the care needs of patients.

Duty rosters were examined for the week of the inspection and week commencing 6 June 2014. The ratio of staff to patients was in keeping with the RQIA Staffing guidance for nursing homes, June 2009. Analysis of information, provided to the inspector, regarding patient dependency levels and staffing levels and review of duty rotas, evidenced that the skill mix ratio of nursing to care assistant staff is in keeping with minimum standards.

Copies of the registration checks completed from the NMC website were retained on file and review of these copies confirmed that the nurses listed on the duty rota for the week of the inspection were currently registered with the Nursing Midwifery Council (NMC).

The inspector discussed care assistant registration with the Northern Ireland Social Care Council. (NISCC). The registered manager confirmed that all staff currently employed were registered with the NISCC and that a copy of their registration certificates were available in the home.

The registered manager confirmed that checks were carried out monthly to ensure that staff maintained a current registration with the relevant regulatory body.

The inspector can confirm that the home is assessed as substantially compliant with this standard.

Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to patients was evidenced to be of a good standard. There were processes in place to ensure the effective management of the standard inspected.

The home's general environment was well maintained and patients were observed to be treated with dignity and respect. However, an area for improvement was identified in relation to patient accessibility to the nurse call system. Therefore, one requirement and one restated recommendation are made. The requirement and recommendation are detailed throughout the report and in the quality improvement plan (QIP).

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

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	The Residential Care Homes Regulations (NI) 2005 5 (1) (a) and (b)	Residents' agreements must be signed for in respect of detailing the arrangements for paying for services provided.	Review of records evidenced that this requirement has been addressed.	Compliant
2	19(1)(a), schedule 3, 2(k)	The registered person shall maintain contemporaneous notes of all nursing provided to the patient. Repositioning charts must be accurately maintained to evidence care delivered and the date the record was completed.	Review of the repositioning charts for five patients evidenced that they were accurately maintained and evidenced that the prescribed care was being delivered.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	25.11	It is recommended that a copy of the annual quality report is forwarded to RQIA when it is completed.	The inspector can confirm that a copy of the annual quality report was received by RQIA.	Compliant.
2	5.3	It is recommended that all patients have a baseline pain assessment completed and an on-going pain assessment where indicated.	Registered nurses spoken with confirmed that pain assessments have been completed for those patients who are prescribed analgesia. However it is recommended that a baseline pain assessment is completed for all patients. This recommendation is assessed as moving towards compliance and is stated for a second time.	Moving towards compliance.
3	5.3	It is recommended in keeping with best practice that a separate care plan is devised for each individual wound.	Review of care records evidenced that patients with more than one wound had individual care plans for each wound.	Compliant.
4	5.6	All care records must be maintained in keeping with the Nursing and Midwifery Council (NMC) guidance for record keeping.	Review of care records evidenced that records were dated, timed and signed with entries being legibly recorded.	Compliant.

STANDARD 30 - STAFFING	
The number and ratio of nurses and care assistants on duty at all times meet the care needs of patients.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>30.1 At all times the staff on duty meet the assessed nursing care, social and recreational needs of all patients, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.</p>	
Inspection Findings:	
<p>Duty rosters were examined for the week of the inspection and week commencing 6 June 2014. The ratio of staff to patients was in keeping with the RQIA Staffing guidance for nursing homes, June 2009.</p> <p>The inspector spoke with 8 patients individually who were admitted to the home within the intermediate care scheme. The inspector discussed with the patients the availability of staff and how satisfied they were with how staff responded when they rang the nurse call bell. Patients informed the inspector that staff responded promptly. There were no issues raised by the patients spoken with in regard to the provision and availability of staff.</p> <p>All of the patients spoken with commented positively regarding the care they received. Comments made included: “Very happy here, I have no complaints.” “Never had such good attention.” “I m made to feel very welcome”</p> <p>The inspector spoke with 7 patients who resided in the home permanently. Those patients who could express their opinion stated they were happy living in the home. Those patients who were unable to verbally express their views were well groomed and appropriately dressed and appeared relaxed and comfortable in their surroundings.</p>	<p>Compliant</p>

<p>Criterion Assessed: 30.2 The number and ratio of staff to patients is calculated using a method that is determined by and agreed with the Regulation and Quality Improvement Authority. Student nurses and volunteers working in the Home are not taken into account in overall staffing numbers.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: A review of the duty rotas indicated that the planned staffing levels for the nursing unit were as follows: 07 45hrs – 14 00 hrs 2 nurses 1 senior care assistant 4 care assistants 14 00 hrs – 20 00 hrs 2 nurses 1 senior care assistant 3 care assistants 19 45 hrs - 08 00hrs 1 nurse 3 care assistants</p> <p>Staffing is managed in two teams on each shift with one team allocated to the patients who live in the home permanently and the other team to the patients in the intermediary care scheme.</p> <p>Analysis of information, provided to the inspector, regarding patient dependency levels and staffing levels and review of duty rotas, evidenced that the skill mix ratio of nursing to care assistant staff is in keeping with minimum standards.</p>	Compliance
<p>Criterion Assessed: 30.3 The care staff team comprises nurses who are currently registered with NMC, and care assistants who have, as a minimum, NVQ level 2.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p> <p>Copies of the registration checks completed from the NMC website were retained on file and review of these copies confirmed that the nurses listed on the duty rota for the week of the inspection were currently registered with the Nursing Midwifery Council (NMC).</p> <p>The inspector discussed care assistant registration with the Northern Ireland Social Care Council. (NISCC). The registered manager confirmed that all staff currently employed were registered with the NISCC and that a copy of their registration certificates were available in the home. The registered manager was knowledgeable regarding the registration of newly appointed care assistant and confirmed that care assistants are required to provide the home with a copy of the confirmation of receipt of their application sent by NICSS.</p> <p>The registered manager confirmed that checks were carried out monthly to ensure that staff maintained a current registration with the relevant regulatory body.</p>	Compliant

Criterion Assessed: 30.4 There is a competent and capable nurse in charge of the home at all times.	COMPLIANCE LEVEL
Inspection Findings: The registered manager confirmed that competency and capability assessments have been completed with any nurse who was given the responsibility of being in charge of the home in the absence of the registered manager. The inspector reviewed the competency and capability assessments. They all had been completed within the past twelve months.	Compliant
Criterion Assessed: 30.5 Administrative and ancillary staff are employed to ensure that standards relating to food and meals, transport, laundry, cleaning and maintenance of the premises and administration are fully met.	COMPLIANCE LEVEL
Inspection Findings: Review of the staffing rota for the week of the inspection evidenced that domestic, laundry and catering staff were employed in the home seven days a week. The inspector observed that the nursing unit was clean and fresh smelling throughout. Patients spoken with did not raise any concerns regarding the cleanliness of the home, laundry or catering services.	Compliant
Criterion Assessed: 30.6 Records are kept of all staff that includes name, date of birth, previous experience and qualifications, starting and leaving dates, posts held and hours of employment.	COMPLIANCE LEVEL
Inspection Findings: This criterion was not inspected during this inspection.	Not inspected.
Criterion Assessed: 30.7 A record is kept of staff working over a 24 hour period and the capacity in which they were working.	COMPLIANCE LEVEL
Inspection Findings: Separate staff rosters were in place for nursing, residential, administrative, domestic, catering and laundry staff. The registered manager's hours were clearly recorded.	Compliant

<p>Criterion Assessed: 30.8 Time is scheduled at change of shifts for handover reports to be given on patient care and other areas of accountability.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Review of the recorded rosters and discussion with staff evidenced that there waPs a fifteen minute cross over at the beginning of each shift to facilitate a hand over between staff.</p>	Compliant
<p>Criterion Assessed: 30.9 Staff meetings take place on a regular basis, and at least quarterly. Records are kept which include: -</p> <ul style="list-style-type: none"> • The date of all meetings • The names of those attending • Minutes of discussions • Any actions agreed. 	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The inspector reviewed the minutes of staff meetings which included the date of the meeting, name of staff who attended and detail of the issues discussed. The minutes evidenced that the registered manager met with all grades of staff regularly.</p>	Compliant.

6.0 Additional Areas Examined

6.1 Care practices

The inspector arrived at the home at 10 00 hours and undertook a tour of the building. Patients were observed to be sitting in the lounges, or in their bedroom, as was their personal preference. The inspector spoke with 15 patients individually. Patients spoken with commented positively in regard to the care they received and the caring attitude of the staff.

The inspector observed three patients in their bedrooms who were either unable to reach the nurse call bell or, where an alarm mat had been provided there was no adapter in place to allow for the nurse call bell to also be plugged in. There was no nurse call lead in either of the two lounges. One patient informed the inspector that they watched for staff and then called out.

It is required in accordance with the Nursing Homes Regulations (Northern Ireland) 2005, regulation 18 (2) (a) that patients are provided with appropriate communication facilities. Therefore staff must ensure that, prior to leaving patients in their bedroom that the nurse call lead is within easy reach. The accessibility of the nurse call system in the lounges must be reviewed. 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.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with **Name of Manager**, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Unannounced Secondary Inspection

Brooklands (Antrim)

3 July 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Brenda Rushe either during or after the inspection visit.

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

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

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

Statutory Requirements					
This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	18(2)(a)	<p>Staff must ensure that, prior to leaving patients in their bedroom that the nurse call lead is within easy reach.</p> <p>The accessibility of the nurse call system in the lounges must be reviewed.</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>Ref section 6, 6.1</p>	One	Risk Assessments are in place for those Residents who are unable to operate the nurse call system. Call bells are accessible in the lounge and bedroom areas within the home and reinforced with the supervision of staff in these areas.	From the date of inspection.

Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	5.3	<p>It is recommended that all patients have a baseline pain assessment completed and an on-going pain assessment where indicated.</p> <p>Ref section 4, follow up on previous issues.</p>	Two	Baseline pain assessments are completed for all residents and on an ongoing basis for identified residents.	From the date of inspection.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	Wendy Megarrell
Name of Responsible Person / Identified Responsible Person Approving Qip	Jarlath Conway

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	Sharon McKnight	29-09-14
Further information requested from provider			