

Unannounced Care Inspection Report 14 August 2017



Brooklands

Type of Service: Nursing Home (NH)
Address: 50 Bush Road, Antrim BT41 2QB
Tel No: 028 9446 0444
Inspector: James Laverty

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 18 persons.

3.0 Service details

Organisation/Registered Provider: Brooklands Healthcare Limited Responsible Individual: Therese Elizabeth Conway	Registered manager: Elizabeth Bonello
Person in charge at the time of inspection: Sharon McCreary, deputy manager	Date manager registered: 17 February 2016
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: 18 comprising: NH-I, NH-PH, NH-PH(E), NH-TI

4.0 Inspection summary

An unannounced inspection took place on 14 August 2017 from 09.45 to 17.15 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 promoting a culture of teamwork within the home; adult safeguarding; the spiritual care of patients and management of accidents and incidents.

Areas for improvement under regulation were identified in relation to: the delivery of nursing care and governance processes relating to staff selection, recruitment and management.

Areas for improvement under standards were identified in relation to: infection prevention and control (IPC); the management of restraint; interior signage; the nutritional care of patients; staff communication and governance processes relating to quality assurance and staff management.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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	3	7

Details of the Quality Improvement Plan (QIP) were discussed with Sharon McCreary, deputy 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 17 January 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 17 January 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
- the registration status of the home
- 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
- pre-inspection audit

During the inspection the inspector met with six patients and three staff. No patients' visitors/representatives or visiting professionals were available to speak with during the inspection. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff not on duty; 10 for relatives and eight for patients were left for distribution.

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 4 to 17 August 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2016/17
- incident and accident records
- two staff recruitment and induction files
- induction and orientation records for registered nurses and care staff
- minutes of staff and patient/relatives meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to accidents/incidents; pressure sores and the administration of medicines
- complaints records
- adult safeguarding records
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 January 2017

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

6.2 Review of areas for improvement from the last care inspection dated 17 January 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 4.9 Stated: First time	It is recommended that the recording of skin integrity is reviewed to ensure care records consistently and accurately identify patients' skin care and, where required, wound care needs.	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and a review of care records evidenced that patients' skin integrity was regularly reviewed and documented. Records relating to wound care were also completed in an accurate and consistent manner.	
Area for improvement 2 Ref: Standard 32.8 Stated: First time	It is recommended that the spiritual needs and associated contacts details need to be recorded.	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and a review of care records evidenced that patients' spiritual needs were assessed and clearly recorded.	
Area for improvement 3 Ref: Standard 4 Stated: First time	It is recommended that the minutes of the most recent care review needs to be maintained in an accessible manner in the resident's active care records,	Met
	Action taken as confirmed during the inspection: A review of patients' records evidenced that recent care review minutes were accessible where appropriate.	

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 deputy manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. A review of the staffing rotas from 4 to 17 August 2017 evidenced that the planned staffing levels were adhered to. Discussion with the deputy manager also confirmed that contingency measures were in place to manage short notice sick leave. Observation of the delivery of care provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients confirmed that they had no concerns regarding staffing levels.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met. Training included areas such as: adult safeguarding; dementia awareness; fire awareness and manual handling.

Staff demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. The deputy manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The deputy manager also confirmed that an 'adult safeguarding champion' was identified for the home.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were mostly observed to be clear of clutter and obstruction. One stairwell was observed to have a patient's recliner chair and a deflated mattress present although these did not block any designated escape route. Nonetheless, it was stressed to the deputy manager that such equipment should be stored appropriately at all times. The deputy manager removed this equipment before the inspection concluded.

Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. However, a number of weaknesses relating to the environment were identified in relation to infection, prevention and control standards. Plasterwork within a corridor leading to a sluice room was observed to be damaged. The undersides of three wall mounted hand sanitisers were also observed to be stained. Furthermore, a faulty patient wheelchair was found to be in a state of disrepair and stored within a patient's en suite area. As such, it could not be cleaned in keeping with best practice guidance for IPC. These deficits were discussed with the deputy manager who acknowledged that these areas required attention. An area for improvement under standards was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to promoting a culture of teamwork within the home; adult safeguarding and reporting of accidents and incidents to appropriate bodies

Areas for improvement

Areas for improvement under standards were highlighted with regards to compliance with IPC standards and best practice.

	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.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients throughout the home. Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager.

Three patients' care records were reviewed and evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and Speech and Language Therapists (SALT).

Supplementary care charts, such as repositioning, food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

Weaknesses were identified with regards to the nursing management of patients who required barrier nursing. The care records for one patient evidenced that they required their laundry to be specially handled due to the presence of methicillin-resistant staphylococcus aureus (MRSA). The patient's care plan also directed that all staff should be made aware of this. Three care staff who were spoken with during the inspection were unable to identify this patient as requiring barrier nursing due to the presence of MRSA. This was discussed with the deputy manager who stated that the MRSA status of patients is normally communicated to care staff via means of a 'handover sheet' which nursing staff are expected to periodically update. Examination of the 'handover' sheet highlighted that this patient had not been listed. The importance of effective barrier nursing and staff communication was stressed. Staff comments relating to communication within the home is highlighted further in section 6.6. An area for improvement under regulation and an area for improvement under standards were stated.

A deficit was also identified within patient care records in relation to the management of restraint. Observation of a patient’s bedroom and discussion with staff confirmed that a pressure mat was used to monitor the behaviour of one patient who was assessed as being at a high risk of falls. A review of the patient’s risk assessments and care plans highlighted that this specific form of restraint was not referenced and had not been assessed to ensure that the intervention was implemented in a safe and proportionate manner. The patient’s care records also lacked any evidence to demonstrate that the decision to use this form of restraint had been made in collaboration with either the patient or their next of kin. This was highlighted to the deputy manager and an area for improvement under standards was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to multidisciplinary team working.

Areas for improvement

Areas for improvement under regulation were identified in relation to the delivery of care. Areas for improvement under standards were highlighted in relation to the management of restraint and staff communication.

	Regulations	Standards
Total number of areas for improvement	1	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.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients were very positive in their comments regarding the staffs’ ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

- “The nurses look after me.”
- “I like the nurses here.”
- “It’s fantastic – the staff are great.”

However, feedback received from staff during the inspection included the following comments in relation to communication between staff:

- “Patients’ needs aren’t always mentioned at the handover.”
- “At times, the nurse forgets a few things.”

The issue of staff communication is also referred to in section 6.5.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home. Patients and their representatives confirmed that

when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussions with staff provided evidence that they considered the registered manager to be supportive and approachable and they felt confident that they could raise concerns if they arose. Staff were also aware of the requirements regarding patient information and confidentiality.

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff to complete, 10 for relatives and eight for patients. At the time of writing this report, no returned questionnaires have been received.

Deficits were observed in relation to the lack of appropriate signage within the home. Several patients' bedroom doors lacked personalised signage which could promote the orientation and individuality of patients. This was highlighted to the deputy manager and an area for improvement under standards was stated.

Weaknesses were also observed in regards to the provision of a suitable alternative for patients requiring a modified diet whenever the mid-morning and mid-afternoon 'tea trolley' was being used. Observation of the trolley along with discussion with care and catering staff evidenced that no specific provision was made to ensure that such patients were afforded a suitable option in keeping with best practice standards. An area for improvement under standards was stated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to listening to patients and their representatives and taking account of the views of patients; the spiritual care of patients.

Areas for improvement

Areas for improvement under regulation were identified in relation to the nutritional care of patients and interior signage.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

Discussion with the deputy manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. 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 and patients evidenced

that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

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

The deputy manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis or as required.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the deputy manager evidenced that the home was operating within its registered categories of care.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner.

Discussion with the deputy manager and review of the home's complaints records evidenced 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. Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to accidents and incidents; pressure sores and the administration of medicines. However, the deputy manager confirmed that no audits were conducted in relation to the management of restraint. It was further noted in discussion with the deputy manager that no records were available to evidence the completion of regular care records audits. An area for improvement under standards was highlighted.

Discussion with the deputy manager and review of records evidenced that there were processes in place for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Nonetheless, a review of these records revealed that the NMC registration status of three nurses currently employed by the home had not been audited in sufficient time to confirm that they remained professionally registered. The inspector therefore checked the registration status of each nurse before continuing the inspection and noted that all three had revalidated their professional registration. This was discussed with the deputy manager and an area under regulation was stated.

Staff recruitment information was available for inspection and the selection and recruitment records for one staff member confirmed that their enhanced Access NI check were sought, received and reviewed prior to the staff member commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. However, while records for another member of staff did confirm that a valid Access NI check had been retrospectively reviewed by the registered manager, the records did not evidence that their Access NI check had been carried out prior to them commencing employment within the home. This was discussed with the deputy manager and an area under regulation was stated.

The deputy manager confirmed that staff and patient/relatives meetings were held on a regular basis and that minutes were maintained. A review of records pertaining to meetings within the home highlighted that minutes were maintained inconsistently and also lacked signatures of staff attendance. The importance of obtaining attendee signatures a record of attendance was discussed and an area of improvement under standards was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision and review of policies and procedures and the management of complaints.

Areas for improvement

Areas for improvement under regulation were identified in relation to governance arrangements for staff selection, recruitment and management.

Areas for improvement under standards were identified in relation to governance arrangements for quality assurance and staff management.

	Regulations	Standards
Total number of areas for improvement	2	2

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, deputy 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 to Nursing.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1) (a) (b) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered provider must ensure that all patients requiring barrier nursing receive such care in adherence with best practice standards and guidance. Robust arrangements must also be in place so as to ensure that all staff are made aware of the need for such precautions at all times.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: The communication handover sheet has been reviewed to ensure it incorporates and identifies any resident who requires barrier nursing.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered provider must ensure that effective processes are in place at all times to ensure that the registration status of registered nurses employed within the home is monitored effectively.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: Ongoing employer confirmations are undertaken on the NMC website by the manager at the beginning of each month to ensure all nurses remain registered and any upcoming revalidation or fee expiry dates are highlighted.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 21 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered provider must ensure that staff are not employed within the home until all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 have been met.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: Human Resources completed an audit and an Access NI log has been complied. We can confirm no staff are currently employed within the home that are not meeting legislative requirements.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 11 September 2017</p>	<p>The registered persons shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: An infection control audit was conducted and findings highlighted are being actioned by the domestic team. The manager completes a daily audit when on duty and this encompasses reviewing hand sanitisers, stairwells, corridors and ensembles to ensure ongoing management of infection prevention and control issues identified in recent inspection</p>
<p>Area for improvement 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 11 September 2017</p>	<p>The registered person should ensure that where restraint or restrictive practices are being employed by staff, relevant care plans and risk assessments which evidence that the intervention is necessary and proportionate, should be in use and regularly reviewed. Patient consent and/or evidence of best interest procedures should also be recorded in patient's care records.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: A restrictive practice audit was completed and areas for improvement are being addressed. Ongoing, the manager will complete this audit on a monthly basis.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 11 September 2017</p>	<p>The registered person shall ensure that robust processes are in place to ensure that effective communication is achieved between staff, specifically during 'handover' meetings</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: The handover documentation is continually under review to ensure it is accurate and reflective of the residents needs. It also identifies residents where additional infection control measures are required. Mid-shift report and handover occurs to ensure that all staff are communicating effectively throughout the day.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: 11 September 2017</p>	<p>The registered person shall ensure that appropriate signage is provided within the home which promotes the orientation and individuality of patients.</p> <p>Ref: Section 6.6</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 11 September 2017</p>	<p>The registered person shall ensure that the menu offers a suitable choice of snacks to patients on therapeutic diets at all times. This should include those snacks offered during mid-morning and mid-afternoon periods.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: Although signage is used within the building in the Dementia Residential Units, in the nursing unit signage is only used to express the individuality of residents after a consultation process to determine both their own and their families wishes.</p> <p>Response by registered person detailing the actions taken: A consultation process is underway and menus will reflect expressed choices particularly in relation to specialised diets.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 11 September 2017</p>	<p>The registered person should ensure that a robust system of audits is implemented to ensure the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. Specifically, relating to care records and restraint management.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Robust governance systems have been implemented to ensure compliance with legist</p>
<p>Area for improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons should ensure that attendee signatures are obtained in respect of all meetings.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Attendee signatures are now stored filed alongside the minutes from each meeting and are available for inspection.</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk



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