



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection

Name of Establishment: Brooklands
RQIA Number: 11289
Date of Inspection: 26 February 2015
Inspector's Name: Sharon McKnight
Inspection ID: 17176

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Establishment:	Brooklands
Address:	50 Bush Road Antrim BT41 2QB
Telephone Number:	028 94 460444
Email Address:	Lynette@conwaygroup.co.uk
Registered Organisation/ Registered Provider:	Brooklands Healthcare Ltd Ms Therese Conway – Acting Responsible Individual
Registered Manager:	Ms Mary McAleese Acting Manager
Person in Charge of the Home at the Time of Inspection:	Ms Wendy Megarrell Clinical Governance Manager
Categories of Care:	Nursing - I, PH, PH (E), TI Residential – DE
Number of Registered Places:	31 nursing 31 residential Total 62
Number of Patients Accommodated on Day of Inspection:	29 nursing 31 residential Total 60
Date and Type of Previous Inspection:	3 July 2014 Unannounced Care Inspection
Date and Time of Inspection:	26 February 2015 10:30 – 15:10
Name of Inspector:	Sharon McKnight

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 clinical governance manager
- discussion with staff
- discussion with patients individually and with others in groups
- discussion with relatives
- review of policies and procedures
- review of a the staff duty rota for the week of the inspection
- review of a sample of care records
- review of the complaints records
- observation during a tour of the premises
- evaluation and feedback

1.3 Inspection Focus

This inspection was carried out in response to correspondence received by RQIA in February 2015 expressing concerns regarding standards of care. For further information refer to section 4.1 of the report.

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.

7.0 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 acting responsible individual is Ms Therese Conway. The position of registered manager is currently vacant with a recruitment campaign ongoing. In the interim Ms Mary McAleese is the acting manager and has been in post from January 2015.

Accommodation for patients is provided on both floors of the home. 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 residential places.

Nursing care(NH):

I	old age not falling into any other category
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 (RC)

DE	dementia care.
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8.0 Executive Summary

This unannounced inspection of Brooklands was undertaken by inspector Sharon McKnight on 26 February 2015 between 10:30 and 15:10 hours. The inspection was facilitated by Ms Wendy Megarrell, clinical governance manager. Verbal feedback was provided to Ms Megarrell at the conclusion of the inspection.

In February 2015 RQIA received correspondence from two complainants who raised a number of concerns regarding care delivery. As part of the inspection process the clinical governance manager, staff, patients and relatives were consulted and a number of records examined.

As a result of the previous inspection conducted on 3 July 2014 one requirement and one recommendation were issued. These were reviewed during this inspection. The requirement was assessed as substantially complainant with one area relating to the completion of risk assessments being stated for a second time. The recommendation was assessed as compliant. Details can be viewed in the section following this summary.

Inspection Findings

Review of the duty roster for the week of the inspection and discussion with management evidenced that the planned staffing arrangements were being achieved.

Discussion with patients confirmed that staff were polite and respectful and that staff generally responded to requests for assistance in a timely manner. One patient spoken with was dissatisfied with the length of time it took staff to respond to the nurse call bell. The patient confirmed that their concerns had been raised, prior to this inspection, with the management of the home and were being investigated in accordance the home's complaints procedure. The patient did comment positively with regard to staff attitude but felt that, generally, there were not enough staff to attend to the patients.

The inspector spoke with four relatives all of whom commented positively regarding the attitude of staff and the delivery of care. There were no issues or concerns raised by relatives during this inspection.

Four staff spoken with were knowledgeable regarding individual patient need. Staff expressed concern at the increase in patient dependency at mealtimes and the number of patients who required assistance with repositioning throughout the night. These concerns were discussed during feedback Ms Megarrell confirmed that staffing was kept under continual review and that this review included the dependency levels of the patients accommodated. There were no concerns regarding staffing levels identified during the inspection.

The transport and escort arrangements for patients attending routine hospital appointments were discussed and a recommendation has been made to update the Patient Guide to ensure there is clear information for patients and their representatives.

Observation of the serving of the lunchtime meal evidenced that meals were transported from the kitchen to the servery adjacent to the dining room. Meals were kept warm in the heated trolley until staff were available to assist patients. Meals served to patients in their bedroom were covered prior to leaving the server and were transported on trays which were set with cutlery and condiments. There was a choice drinks available which included of tea, juice or milk. Patients spoken with commented positively regarding the quality of the meals served.

The majority of patients commented that the morning and afternoon tea was warm and never hot. A recommendation has been made.

Additional Areas Examined:

- Medicines management
- Complaints.

Details can be found in section 11 of this report.

One requirement is made in regard to the administration of medicines within the home.

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. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. All patients were well groomed and appropriately dressed and appeared comfortable in their surroundings.

As a result of this inspection one requirement has been made and one requirement has been stated for a second time. Two recommendations have been made.

The inspector would like to thank the patients, relatives, staff and Ms Megarrell for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the Requirements and Recommendations Issued as a Result of the Previous Unannounced Care Inspection Conducted on 3 July 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
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>Observations made during this inspection evidenced that patients in their bedrooms had the nurse call lead within their reach and that they knew how to use it. This element of the requirement is assessed as compliant.</p> <p>A nurse call bell was available in the lounge areas and patients spoken with in the lounges were confident that they could summon help when required. This element of the requirement is assessed as compliant.</p> <p>There were no risk assessments or care plans in place for those patients who, due to cognitive impairment, were unable to operate the nurse call bell. This element of the requirement is stated for a second time. There were no concerns identified during this inspection with regard to the delivery of care, or supervision of patients.</p> <p>This requirement in its entirety is assessed as substantially compliant with the third element stated for a second time.</p>	Substantially compliant.

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	5.3	It is recommended that all patients have a baseline pain assessment completed and an on-going pain assessment where indicated.	Review of patient care records evidenced that all patients had a baseline pain assessment completed and an ongoing pain assessment as required. This recommendation is assessed as compliant.	Compliant.

9.1 Follow-up on any Issues/Concerns Raised with RQIA Since the Previous Inspection such as Complaints or Safeguarding Investigations

Since the previous care inspection on 3 July 2014, RQIA have been appropriately notified by the management of the home of referrals in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues.

In February 2015 RQIA received information on two occasions, via the duty inspector system, expressing concerns regarding the delivery of care. The following areas were identified:

- staffing arrangements
- supervision of patients
- response time to nurse call bells
- pain management
- transport and escort arrangements for patients
- management of complaints
- serving temperature of meals and hot drinks

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. Both callers to RQIA were informed of this and were advised to contact the local health and social care Trust responsible for their relative's placement. However, if RQIA is notified of a potential breach of regulations or associated standards it will review the matter and take whatever appropriate action is required; this may include an inspection of the home. On this occasion it was decided that an inspection would be undertaken.

The inspection focused on the management and delivery of care to those patients in the nursing unit. The inspector reviewed the following areas:

- staffing
- care practices and delivery of care
- care records
- the serving of morning tea and lunch
- policy on transport and escort arrangements for patients

The inspector concluded there were no regulatory breaches identified in respect of the areas of concern which were examined. However, to enhance the processes already in place, areas for improvement were identified and recommendations have been made.

10.0 Inspection Findings

10.1 Staffing

The inspector discussed staffing with Ms Megarrell who confirmed that the planned staffing arrangements for the nursing unit were:

08 00 – 14 00 hours	2 registered nurses	4 care assistants
14 00 – 18 00 hours	2 registered nurses	3 care assistants
18 00 – 20 00 hours	2 registered nurses	4 care assistants
20 00 – 22 00 hours	1 registered nurse	3 care assistants
22 00 – 08 00 hours	1 registered nurse	2 care assistants

Review of the duty roster for the week of the inspection evidenced that the planned staffing arrangements were being achieved.

The inspector spoke with 13 patients individually regarding staff and the delivery of care. Patients confirmed that staff were polite and respectful, that they could call for help if required, and that staff responded to their requests for assistance in a timely manner.

One patient spoken with was dissatisfied with the length of time it took staff to respond to the nurse call bell. The patient's concerns had been raised with management of the home prior to the inspection. The patient did comment positively with regard to staff attitude but felt that, generally, there were not enough staff to attend to the patients.

The inspector spoke with four relatives all of whom commented positively regarding the attitude of staff and the delivery of care. They confirmed that the staff were vigilant in detecting and communicating changes in their loved ones health and contacted the relevant healthcare professionals in a timely manner.

There were no issues or concerns raised by relatives during this inspection.

The inspector spoke with four staff including registered nurses and care staff. Staff spoken with commented positively in regard to the care delivery in the home, management and the support and training available. Staff were knowledgeable regarding individual patient need. Staff expressed concern at the increase in patient dependency at mealtimes and the number of patients who require assistance with repositioning throughout the night. These concerns were discussed during feedback with Ms Megarrell who confirmed that staffing was kept under continual review and that this review included the dependency levels of the patients accommodated. There were no concerns regarding staffing levels identified during the inspection.

10.2 Care Practices

On arrival in the nursing unit at 11:00 hours it was observed that staff were well organised and care delivery was provided in a calm manner. Staff were responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. All patients were well groomed and appropriately dressed and appeared comfortable in their surroundings.

The transport and escort arrangements for patients attending routine hospital appointments were discussed Ms Megarrell. The inspector was informed that a variety of options were available depending on the type of appointment and the patients' individual needs. A policy entitled "Transport of a Patient" was in place; however the policy did not include details of escort or transport arrangements.

To ensure clear information is provided to patients and their representatives, it is recommended that the Patient Guide is updated to include the options available for escorting and transporting patients to appointments outside of the home.

10.3 Care Records

Review of care records evidenced that a comprehensive and detailed assessment of patient needs was completed on admission. A variety of risk assessments, for example Braden pressure ulcer risk assessment, Abbey pain scale and the Malnutrition Universal Screening Tool (MUST) were also used to supplement the general assessment tool. The assessment of patient need was evidenced to inform the care planning process.

Patients had a baseline pain assessment completed on admission and as required thereafter. The pain assessment tool in use was the Abbey Pain Assessment. Discussion took place with the clinical governance manager regarding the appropriateness of this tool for those patients who were able to verbalise pain. It was agreed that the use of the tool would be reviewed to ensure it was appropriate for all of the patients.

10.4 The Serving of Morning Tea and Lunch

The inspector spoke with eight patients who have their meals served in their bedrooms. The inspector specifically asked for the patients' opinion on the temperature of the meals served.

There were no issues raised by patients who all commented positively regarding the quality of the meals served. However the majority of patients stated that the morning and afternoon tea was warm and never hot.

Given the number of patients who identified this issue it is recommended that the serving of the morning and afternoon tea is reviewed to ensure that patients' drinks are served hot.

The inspector observed the serving of lunch. The menu was a choice of a filled baked potato with chicken, sweetcorn and onion or tuna, tomato and cheese roll. The menu was displayed in the dining room with pictorial menus available on each table.

Meals were transported from the kitchen to the servery adjacent to the dining room. Meals were kept warm in the heated trolley until staff were available to assist patients. Meals served to patients in their bedroom were covered prior to leaving the server and were transported on trays which were set with cutlery and condiments. There was a choice of drinks available which included tea, juice or milk.

Based on observations the inspector concluded that mealtimes were a positive experience for patients.

11.0 Additional Areas Examined

11.1 Medicines Management

At 11:45 hours the inspector observed a medicine cup containing four tablets on the bedside cabinet of one patient. The patient stated that they had chosen to take the tablets after their lunch. The nurse in charge confirmed that the medication was prescribed for administration at 08:00 hours and that the record of administration had been completed at this time. Examination of another patient's care records evidenced that registered nurses did not always witness patients taking their medication but signed the record indicating that the medicine had been administered.

Where registered nurses are responsible for the administration of medicines they must witness that the medicine has been taken. Records for the administration of all medicines must be accurately maintained. A requirement has been made.

11.2 Management of Complaints

The inspector discussed the management of complaints with the clinical governance manager and reviewed the complaint record. This evidenced that complaints were managed in a timely manner and in accordance with legislative requirements. The areas of concern brought to the attention of RQIA prior to the inspection were being managed through the complaints process within the home.

11.3 Residential Unit

The inspector visited the residential unit after lunch. The atmosphere was relaxed, with residents spending time in the lounges, in their bedrooms or participating in the activity that was taking place.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Wendy Megarrell, 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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

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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 Ms Wendy Megarrell, Clinical Governance Manager, 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>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 9</p>	Two	Risk assessmet has now been implemented in accordance with the individual care plans	By the end of March 2015.
2	13(4)	<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>Ref section 11, 11.1</p>	One	Observational supervisions completed with registered nurses to ensure they adhere to the standards of administration of medication	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	12.1	<p>The serving of the morning and afternoon tea should be reviewed to ensure that hot drinks are served hot.</p> <p>Ref section 10, 10. 4</p>	One	Airpot flasks are now in use to maintain the heat of hot drinks	By the end of March 2015.
2	3.1	<p>The Patient Guide should be updated to include the options available for escorting and transporting patients to appointments outside of the home.</p> <p>Ref section 10, 10.2</p>	One	Patient Guide has now been amended with the available options	By the end of March 2015.

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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Wendy Megarrell
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Therese Conway

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	Sharon McKnight	10-06-15
Further information requested from provider			