



Unannounced Follow Up Care Inspection Report 7 January 2019



Brooklands Healthcare Londonderry

Type of Service: Nursing Home (NH)
Address: 25 Northland Road, Londonderry, BT48 7NF
Tel No: 02871263987
Inspector: Michael Lavelle and Jane Laird

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 provider 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 nursing home registered to provide nursing care for up to 45 persons.

3.0 Service details

Organisation/Registered Provider: Brooklands Healthcare Londonderry Responsible Individual(s): Therese Elizabeth Conway	Registered Manager: See below
Person in charge at the time of inspection: Kim McKeever, manager	Date manager registered: Kim McKeever, acting no application required
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of registered places: 45 A maximum of 10 persons in category NH-PH.

4.0 Inspection summary

An unannounced inspection took place on 7 January 2019 from 09.50 hours to 14.50 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 Care Standards for Nursing Homes 2015.

The inspection sought to assess progress with issues raised since the last care inspection on the 30 October 2018.

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	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Kim McKeever, manager and Jane Bell, regional 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 30 October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 30 October 2018.

As a result of the inspection, RQIA was concerned that some aspects of the quality of care and service delivery within Brooklands Healthcare Londonderry were below the minimum standard expected. A decision was taken to invite the registered persons to a serious concerns meeting in relation to infection prevention and control practices and governance arrangements. This meeting took place at RQIA on 6 November 2018.

At this meeting the responsible person, Therese Elizabeth Conway, regional manager, Jane Bell and manager, Kim McKeever, acknowledged the deficits identified and provided an action plan as to how these would be addressed by management. RQIA were provided with appropriate assurances and the decision was made to take no further enforcement action at that time.

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
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with six patients, two visitors and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed at the front door of the home.

The following records were examined during the inspection:

- staffing rota for all staff weeks commencing 31 December 2018 and 7 January 2019
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records

- a sample of governance audits
- complaints record
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care 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 the most recent inspection dated 30 October 2018

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 30 October 2018

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 13 (7) Stated: Second time	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.	Met
	Action taken as confirmed during the inspection: Review of the environment, observation of practice and discussion with staff evidenced improvements since the last care inspection. The deficits identified at the previous care inspection have been addressed. This area for improvement has been met.	

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the dilution of cleaning products as per manufacturer's guidance.</p> <p>Action taken as confirmed during the inspection: Discussion with staff and review of records confirmed records were well maintained and staff had good knowledge in relation to control of substances hazardous to health.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working in the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>Action taken as confirmed during the inspection: Review of the staffing rota and observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patient's needs.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (b) (d) (i)</p> <p>Stated: First time</p>	<p>The registered person shall take adequate precautions against the risk and containment of fire.</p> <p>Action taken as confirmed during the inspection: Review of the environment evidenced that no fire doors were propped open and radiators did not have patient equipment stored against them.</p>	<p>Met</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<p>The registered person and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.</p> <p>This area of improvement is made with specific reference to governance arrangements within the home.</p> <p>Action taken as confirmed during the inspection: Review of governance arrangements in the home confirmed this area for improvement has been met.</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 35</p> <p>Stated: Second time</p>	<p>The registered person shall ensure monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice, specifically, the care records audit and hand hygiene audit.</p> <p>Action taken as confirmed during the inspection: Review of monthly audits evidenced these were well completed with action plans developed and oversight from the home manager and regional manager.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all newly recruited registered nurses complete a structured orientation and induction specific to their role.</p> <p>Action taken as confirmed during the inspection: Review of two staff recruitment files evidenced that a structured orientation and induction was provided on commencement of employment.</p>	<p>Met</p>

Area for improvement 3 Ref: Standard 39.7 Stated: First time	The registered person shall ensure the effect of training on practice and procedures is evaluated as part of quality improvement. This area for improvement is made in reference to infection prevention and control practice.	Met
	Action taken as confirmed during the inspection: Analysis and review of audits and observational tools evidenced that robust systems were in place with regards to oversight of infection prevention and control practices.	
Area for improvement 4 Ref: Standard 12 Stated: First time	The registered person shall ensure the planned rotational menu is adhered to unless in exceptional circumstances and variations to the menu are recorded.	Met
	Action taken as confirmed during the inspection: Review of menus and discussion with staff confirmed the planned rotational menu was adhered to and any variations are now recorded in a diary.	
Area for improvement 5 Ref: Standard 16 Stated: First time	The registered person shall ensure that complaints are managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.	Met
	Action taken as confirmed during the inspection: Review of complaints records evidenced this area for improvement has been met.	
Area for improvement 6 Ref: Standard 41 Stated: First time	The registered person shall ensure that the staffing rota clearly identifies the hours worked by the manager and in what capacity.	Met
	Action taken as confirmed during the inspection: Review of the staffing rota confirmed the manager's hours and the capacity in which they were worked were clearly recorded.	

6.3 Inspection findings

The inspection sought to assess progress with issues raised since the last care inspection on the 30 October 2018.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for weeks commencing 31 December 2018 and 7 January 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. The manager confirmed that recent recruitment of registered nurses was progressing well. Discussion with staff confirmed that there are good working relationships in the home and that management were supportive and responsive to any suggestions or concerns raised.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a caring manner. During review of the environment and care delivery we observed 14 patients in two lounges, seven of these patients were seated in wheelchairs. Discussion with patients confirmed they were waiting to be transferred onto an armchair with two patient's stating they had been waiting 30 minutes. This was discussed with staff who stated they were assisting other patients with personal care needs. During feedback this was discussed with the manager who agreed to review dependency levels to ensure patients' needs are met in a timely manner. This will be reviewed at a future care inspection.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Deficits were identified during review of activities within the home. Review of records evidenced significant gaps in recording of activities; records reviewed suggested that patients only availed of activities once a week. Discussion with activities co-ordinator confirmed there was no provision made for activities to be delivered in their absence. There was no evidence that the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This was discussed with the manager who agreed to review current arrangements against Standard 11 of the Care Standards for Nursing Homes 2015 to ensure the home are adhering to best practice guidance. An area for improvement under the care standards was made.

Patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

- “I like it here. I’m spoilt.”
- “It’s ok here, the girls are very busy.”
- “I love it here”

One patient raised concerns re staffing stating “sometimes there is not enough staff to assist me when I need them to.” These comments were fed back to the manager for action as required.

In addition to speaking with patients and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients’ relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA. At the time of writing this report no questionnaires were returned within the specified timescale.

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.

We reviewed accidents/incidents records since the last care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The majority of notifications were in accordance with the regulations with the exception of one head injury. This was discussed with the manager who agreed to review the accidents/incidents and submit the relevant notification retrospectively.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the home’s environment and maintaining good working relationships.

Areas for improvement

One area for improvement under the care standards was identified in relation to activities.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kim McKeever, manager and Jane Bell, regional 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 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 DHSSPS 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 11</p> <p>Stated: First time</p> <p>To be completed by: 7 February 2019</p>	<p>The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate. Arrangements should be made to ensure activities are delivered in the absence of the activity co-ordinator.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Residents meetings completed quarterly, discussing preferred choices of activities. Action plan developed to incorporate these choices into practice, Evaluation from previous action plan completed to ensure objectives met. Activities board displayed with a weekly plan and daily documentation stating residents involved and details of activity stating person leading activity. Activities pre arranged for planned absence of activities coordinator, carried out by care staff and overseen by senior carer.</p>

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



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