



Unannounced Enforcement Monitoring Inspection Report 12 November 2019



Brooklands Healthcare Londonderry

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

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Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home registered to provide nursing care for up to 45 persons.

3.0 Service details

Organisation/Registered Provider: Brooklands Healthcare Ltd Responsible Individual(s): Therese Conway	Registered Manager and date registered: Stephen Wright – manager, registration pending
Person in charge at the time of inspection: Stephen Wright	Number of registered places: 45 A maximum of 10 persons in category NH-PH
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 41

4.0 Inspection summary

An unannounced inspection took place on 12 November 2019 from 09.10 hours to 10.10 hours.

The inspection sought to assess the level of compliance achieved in relation to one Failure to Comply (FTC) Notice issued on 12 August 2019. On 15 October 2019, following a compliance inspection, the FTC notice was extended. The areas identified for improvement and compliance with the regulation were in relation to the health and welfare of patients. The date of compliance with the extended notice was 12 November 2019.

Evidence was available to validate compliance with the Failure to Comply Notice FTC000070E1 extended from 15 October 2019 to 12 November 2019.

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	0

This inspection resulted in no areas for improvement being identified. Further enforcement action did not result from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

5.0 How we inspect

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

During our inspection we:

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

The following records were examined during the inspection:

- a sample of patient care records
- a sample of patient care record audits.

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

The findings of the inspection were provided to Stephen Wright, manager, and Therese Conway, responsible individual, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the care inspection dated 1 August 2019

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 20 (1) (a) Stated: First time	<p>The registered person shall ensure safe moving and handling training is embedded into practice.</p> <p>This area for improvement is made with specific reference to the use of wheelchair footplates.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation of practice evidenced that this area for improvement has been met.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 11 Stated: Second time	<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>	Met
	<p>Action taken as confirmed during the inspection: Review of the activities programme confirmed it reflected patient's preferences. Plans are in place to ensure it is reviewed on at least a biannual basis. The sample of patient care records reviewed confirmed an individual activity assessment and the activity planner was displayed in a suitable format. Records reviewed evidenced the appropriate recording of activity delivery and that arrangements were in place for activities to be delivered in the absence of the activity co-ordinator.</p>	

Area for improvement 3 Ref: Standard 41 Stated: First time	The registered person shall ensure that staff meetings for all staff take place on a regular basis, at a minimum quarterly.	Met
	Action taken as confirmed during the inspection: Examination of records confirmed that staff meetings were held regularly and have been planned for the next year.	

6.2 Inspection findings

FTC Ref: FTC000070E1

Notice of failure to comply with Regulation 13 (1) (a) and (b) of The Nursing Homes Regulations (Northern Ireland) 2005

*13.-(1)The registered person shall ensure that the nursing home is conducted so as –
(a) to promote and make proper provision for the nursing, health and welfare of patients;
(b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients*

In relation to this notice the following eight actions were required to comply with this regulation.

- at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients
- staff are provided with training appropriate to their roles and responsibilities, in relation to the completion of patient care records
- appropriate staff deployment is maintained to ensure patients' needs are met in a timely manner
- staff appraisal and supervision is implemented and sustained
- all patients have up to date, assessment of needs and individualised care plans in place to direct staff in the delivery of care
- supplementary care records such as food and fluid intake records and change of position records are reflective of care planning directions and are completed contemporaneously
- a robust governance system is established to quality assure patient care records
- RQIA is notified of all incidents/accidents occurring in the home in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. This includes retrospective notification of events identified during the inspection on 1 August 2019.

Evidence was available to validate compliance with this Failure to Comply Notice.

Through review of records, observations of staff practice and discussion with staff and the manager we evidenced and acknowledged the progress made in relation to this FTC Notice.

We reviewed the one outstanding action that was not addressed satisfactorily on our previous compliance inspection on 14 October 2019.

The manager confirmed that all patients' care records had been audited and deficits identified had been addressed appropriately. Review of the governance audits evidenced a robust system was in place to quality assure these records.

Review of a selection of patients' care records confirmed actions generated following the audit had been addressed in a timely manner.

We saw an improvement in the quality of the care records since the last inspection.

It was good to note that the manager had implemented clinical supervision for nursing staff using the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) standards for person centred nursing and midwifery record keeping practice resource.

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.3 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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