# Unannounced Care Inspection Report
# 13 April 2021

# Brooklands Healthcare Londonderry

**Type of Service: Nursing Home**
**Address: 25 Northland Road, Londonderry BT48 7NF**
**Tel No: 028 7126 3987**
**Inspector: Michael Lavelle**

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

## 3.0 Service details

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| **Organisation/Registered Provider:**<br>Brooklands Healthcare Ltd<br><br>**Responsible Individual:**<br>Ms Therese Elizabeth Conway | **Registered Manager and date registered:**<br>Miss Shauna Rooney<br><br>**Date Registered**<br>Registration pending – application received |
| **Person in charge at the time of inspection:**<br>Miss Shauna Rooney | **Number of registered places:**<br>45 |
| **Categories of care:**<br>Nursing Home (NH)<br>PH – Physical disability other than sensory impairment.<br>I – Old age not falling within any other category. | **Number of patients accommodated in the nursing home on the day of this inspection:**<br>37 |

## 4.0 Inspection summary

An unannounced inspection took place on 13 April 2021 from 10.45 am to 6.40 pm. Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures and environment
- leadership and governance.

Patients said they were happy living in the home. Examples of comments provided are included in the main body of the report.

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** | 4 | *3 |

*The total number of areas for improvement includes one under the care standards which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Miss Shauna Rooney, 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.

## 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 we met with 11 patients and 10 staff. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with 'Tell Us" cards for distribution to residents' relatives not present on the day of inspection to give an opportunity to give feedback to RQIA regarding the quality of service provision. No questionnaires were returned within the timeframe for inclusion in the report.

The following records were examined during the inspection:

- staff duty rota for the week commencing 9 April 2021
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- care records for six patients
- accident and incident reports
- record of complaint and compliments
- records of audit and fire risk assessment
- a selection of monthly monitoring reports.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially 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 previous inspection

The most recent inspections of the home were unannounced combined care premises and medicines management inspection undertaken on 18 January 2021.

| Areas for improvement from the last care inspection | | |
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| **Action required to ensure compliance with The Care Standards for Nursing Homes (2015)** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref**: Standard 28<br><br>**Stated:** First time | The registered person shall implement robust systems to oversee the completion of fluid intake records to ensure that these clearly indicate the quantity of oral and enteral fluids taken, and are evaluated in line with the patient's care plan.<br><br>Ref: 6.3 | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of fluid intake records confirmed this area for improvement has been met. | |
| **Area for improvement 2**<br><br>**Ref**: Standard 35<br><br>**Stated:** First time | The registered person shall ensure that where deficits are identified as a result of auditing, actions are taken to address the deficits and areas are re-audited to ensure the required improvements are made.<br><br>Ref: 6.3 | **Partially met** |
| | **Action taken as confirmed during the inspection**:<br>Examination of audits evidenced some improvement in audit systems. However actions taken to address the deficits identified were not consistently recorded.<br><br>This area for improvement is stated for a second time. | |

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| **Area for improvement 3**<br><br>**Ref**: Standard 39<br><br>**Stated:** First time<br><br>**To be completed by:**<br>15 February 2021 | The registered person shall ensure that all staff receive training on the Deprivation of Liberty and The Mental Capacity Act (Northern Ireland) 2016.<br><br>Ref: 6.3 | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of training records confirmed this area for improvement has been met. | |

## 6.2 Inspection findings

### 6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staffing rotas for the week of the inspection confirmed that the planned staffing levels were provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty. Examination of the staffing rota identified it did not clearly identify the nurse in charge on all shifts. The manager gave assurances that this would be addressed.

Patients expressed no concerns regarding staffing levels in the home.

Staff spoken with displayed commitment and empathy towards the patients; and they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the COVID 19 pandemic on staff, patients and relatives. Staff said that there was good team working and that there was effective communication between staff and management. Staff also told us the following:

"I enjoy the interaction with residents. It has been difficult for them not seeing their relatives. I love seeing them happy and putting a smile on their face".

"At present I have no staffing concerns. Everything is done on time for the patients. The teamwork is great, especially the care assistants and how they allocate the work. The manager is really good. She is very helpful and supportive".

Review of one staff recruitment file confirmed staff were recruited safely to ensure they were suitable to work with vulnerable patients. We asked the manager to ensure accurate dates are recorded against the employment history for all staff to enable exploration of any gaps in employment.

### 6.2.2. Care delivery

The atmosphere in the home was relaxed and well organised. Patients were either being cared for in their individual bedrooms or in the lounge areas. Patients were supported by staff to adhere to social distancing were possible. Patients appeared warm and comfortable. They were nicely dressed with good attention to detail. Their personal care needs had been met.

Staff were well informed with regard to patients' needs, what areas patients were independent with and the level of assistance they required in daily life. Staff encouraged choice and independence.

Patients told us:

"I love in here. This is my home. The food is beautiful".
"I'm happy. I have no complaints".
"I'm quite happy. The staff are great".
"It's an excellent standard and everyone in it is well looked after".
"I'd be lost without the staff. I am very happy here".
"Everything is good in here to be truthful. The staff are all great. The food is good and when I press the buzzer they come quick enough".

We provided questionnaires in an attempt to gain the views of relatives, patients and staff that were not available during the inspection; none were received within the timeframe for inclusion in this report.

Review of the activities provided to patients confirmed varied activities had been planned for the week of inspection; an activity planner was on display. We spoke with the activity co-ordinator and discussed the challenges of delivering a programme in the current pandemic. They were very positive about their role. Activities were observed during the inspection. Some patients were enjoying ball games while others played sports on a Nintendo Wii. Review of records confirmed an individual activity assessment for patients was completed although some of these records had not been reviewed in a timely manner. Staff spoken with confirmed the activity programme delivered had not been reviewed recently in consultation with the patients. Social profiles were completed although we were not assured that registered nursing staff had oversight of these. We asked the manager to review activity planning and ensure accurate activity records are maintained. This was identified as an area for improvement.

We discussed the visiting arrangements in place during the current pandemic. The home had designated a lounge area and a visiting 'pod' had been put in place to facilitate safe visiting where social distancing could be maintained. Visitors had their temperatures taken on arrival at the home and were required to make a declaration regarding their health and that they were Covid-19 'symptom free'. There was ample PPE and hand sanitiser available for visitors. Management advised that in addition to the visiting pod, care partners had been identified for some patients and their relatives along with video/phone calls. We asked the manager to ensure their visiting policy was updated to reflect current guidance on visiting and care partners from the Department of Health.

The dining experience was a well organised and an unhurried experience for patients. Patients enjoyed their meal either in the dining room or their bedroom in keeping with their choice. The food looked and smelled appetizing. Patients had a choice of two meals and both these options were available for those who required a modified diet. The daily menu was written on a whiteboard and the manager confirmed the menu had been recently revised following discussion with patients. The food looked fresh, healthy and nutritious and appropriate portions were served. Choices of drinks were offered. Patients told us they enjoyed their meal and the food served in the home. Staff wore the appropriate aprons when serving or assisting with meals.

The home had received numerous letters and cards of support throughout the current pandemic. One of the comments included the following:

"Thank you so much for the loving care you provide".

### 6.2.3 Care records

We reviewed six patients' care records. A range of assessments, to identify each patient's needs, was completed on admission to the home; from these assessments, care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), tissue viability nurse (TVN) and dieticians also completed assessments as required. There was evidence within the records that recommendations made by other healthcare professionals were adhered to.

We reviewed the care records for a patient who required an enteral feed via a percutaneous endoscopic gastrostomy (PEG) tube. We found that there was a care plan in place to direct the care but there was a lack of contemporaneous record keeping about the care given for the maintenance of the feeding tube. An area for improvement was identified.

We reviewed the management of patients who had falls. Review of three falls records evidenced that the appropriate actions were not consistently taken following the falls in keeping with best practice guidance. This was discussed with the manager and an area for improvement was made.

Wound care, which was being provided to an identified patient, was considered. Wound care documentation evidenced that the TVN had been involved in the patients' care and treatment although no recommendations made by the TVN had been incorporated into the patients care plan. There was evidence that wound assessments and evaluation of care were not consistently recorded in keeping with best practice guidance. An area for improvement was identified.

Review of patient care records identified deficits in record keeping. Staff did not consistently record the accurate date and time that care was delivered. Review of records for one identified patient highlighted conflicting information between their food and fluid intake chart and their daily progress notes. While the majority of risk assessments for patients were updated in a timely manner we saw gaps of up to six months in one care file. All staff need to ensure contemporaneous records are maintained for all nursing interventions. An area for improvement was made.

### 6.2.4 Infection prevention and control (IPC) measures and environment

On arrival to the home we were met by a member of staff who recorded our temperature. We observed that hand sanitiser and personal protective equipment (PPE) were available at the entrance to the home. Signage had been placed at the entrance which provided advice and information about Covid-19.

We found that there was an adequate supply of PPE and hand sanitiser; no issues were raised by staff regarding the supply and availability of these. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying PPE. We did not see sufficient posters to remind staff of how to

remove PPE. This was brought to the attention of the manager who addressed this before the inspection finished.

Observation of staff practice throughout the day identified a consistent approach regarding the correct use of PPE and when they should take an opportunity for hand hygiene. Most staff wore their face masks correctly although we saw some staff wearing these inappropriately. We discussed this with the staff and the manager agreed to carry out supervision with the identified staff members.

There was a good availability of hand sanitising gel throughout the nursing home. Audits, including hand hygiene and use of PPE, were completed regularly.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be clean, warm, tidy and fresh smelling throughout. Any equipment in use was clean and well maintained. Fire exits and corridors were observed to be clear of clutter and obstruction.

During review of the environment the door to an identified sluice area was observed to be unlocked with access to substances hazardous to health. Due to the potential risk this posed to patients an area for improvement was made.

### 6.2.5 Leadership and governance

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retained oversight of the home and was supported by senior staff. Staff commented positively about the manager stating they were available for guidance and support.

We looked at the records of accidents and incidents which occurred in the home; we found that these were managed appropriately.

Review of records confirmed systems were in place to monitor staffs' registrations with their relevant professional bodies.

Discussion with staff and the manager confirmed that systems were in place for staff training. Review of mandatory training compliance identified a number have staff have outstanding training. The manager agreed to focus on mandatory training for all staff to achieve 100 percent compliance and to update RQIA on a monthly basis until compliance is achieved.

We reviewed the home's most recent fire safety risk assessment. Corresponding evidence was recorded to confirm that the recommendations from this assessment had been addressed in September 2020.

We reviewed records which confirmed that there was a system of audits which covered areas such as falls, wounds, IPC, hand hygiene, care records and accidents and incidents. These audits were designed to ensure that the manager had full oversight of all necessary areas. Examination of audits evidenced some improvement in audit systems; however actions taken to address the deficits identified were not consistently recorded. This was identified as an area for improvement during an inspection on 18 January 2021; this area for improvement is stated for a second time.

We examined the reports of the visits made on behalf of the responsible individual from January 2021 to March 2021. All operational areas and management of the home were covered. Where any issues were identified, an action plan was developed which included timescales and the person responsible for completing the action. We saw that a number of the visits and subsequent reports had been completed by the manager of the home at the time. We discussed this with the responsible individual following the inspection for review and action as appropriate.

**Areas of good practice**

Areas of good practice were identified in relation to care delivery. There were positive interactions between staff and patients throughout the inspection and patients looked content and well cared for.

**Areas for improvement**

Six areas for improvement were identified. These related to recording keeping around the maintenance of percutaneous endoscopic gastrostomy (PEG) tubes, management of falls, contemporaneous record keeping, storage of substances hazardous to health, activities and wound management.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 4 | 2 |

## 6.3 Conclusion

The atmosphere in the home was relaxed during the day. Staff were observed attending to patients in a caring and compassionate manner. Patients have commented positively on the care that they received and were well presented in their appearance. The staffing arrangements in the home were suitable to meet the needs of patients. There was evidence of good working relationships between staff and management.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Shauna Rooney, 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 via Web Portal for assessment by the inspector.

## Quality Improvement Plan

| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | |
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| **Area for improvement 1**<br><br>**Ref:** Regulation 12 (1) (a) (b)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate action required | The registered person shall ensure that patient care records accurately reflect the care given for the maintenance of percutaneous endoscopic gastrostomy (PEG) tubes for those requiring enteral feeding.<br><br>Ref: 6.2.3 |
| | **Response by registered person detailing the actions taken:**<br>A weekly PEG audit has now been implemented to ensure there are consistent patient care records. This audit is reviewed weekly by the Home Manager. |
| **Area for improvement 2**<br><br>**Ref:** Regulation 13 (1) (a) (b)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate action required | The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations and appropriate actions taken post fall are recorded in the patient's care record.<br><br>Ref: 6.2.3 |
| | **Response by registered person detailing the actions taken:**<br>Falls management was discussed with registered nurses via supervisions. A resource folder with all information regarding post falls management has been implemented to ensure concise recording of action taken post fall. A falls tracker audit is completed on falls by the home manager to monitor quality of documentation. |
| **Area for improvement 3**<br><br>**Ref:** Regulation 19 (1) (a) Schedule 3<br>3 (k)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate action required | The registered person shall ensure a contemporaneous record of all nursing interventions is maintained.<br><br>Ref: 6.2.3 |
| | **Response by registered person detailing the actions taken:**<br>Record keeping was discussed at staff meetings with nursing and care staff. Nurses are booked to attend a refresher session with western trust regarding care planning and record keeping on 18th June 2021. Care records continue be audited on a monthly basis by the Home Manager. Spot checks of care records are also carried out during Regulation 29 visits. |

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| **Area for improvement 4**<br><br>**Ref:** Regulation 14 (2) (a) (c)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate action required | The registered person shall ensure substances hazardous to health are safely stored at all times.<br><br>Ref: 6.2.4 |
| | **Response by registered person detailing the actions taken:**<br>The lock on the identified sluice was repaired on the day of inspection. COSHH and storage of hazardous substances has been discussed with all staff and ensuring sluice doors are locked. The importance of escalating maintenance issues has also been discussed. |
| **Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015** | |
| **Area for improvement 1**<br><br>**Ref**: Standard 35<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>13 May 2021 | The registered person shall ensure that where deficits are identified as a result of auditing, actions are taken to address the deficits and areas are re-audited to ensure the required improvements are made.<br><br>Ref: 6.3 & 6.2.5 |
| | **Response by registered person detailing the actions taken:**<br>All audits have an action plan formulated and any actions identified are rectified with a clear audit trail. The audit summary is reviewed during the regulation 29 visit. |
| **Area for improvement 2**<br><br>**Ref**: Standard 11<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate action required | The registered person shall ensure the programme of activities is developed with the patients and reviewed at least twice yearly to ensure it meets patients changing needs. Individual activity assessments and social profiles should be completed and reviewed as required to inform and compliment patient centred care plans. A contemporaneous record of activities delivered must be retained. Activities must be integral part of the care process with daily progress notes reflecting activity provision.<br><br>Ref: 6.2.2 |
| | **Response by registered person detailing the actions taken:**<br>All residents social profiles and activity assessments have been reviewed to ensure that they correspond with residents current needs. A daily record of activities and participants is recorded. Daily progress notes are monitored during care plan audits to ensure they are meaningful and reflect activities. |

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| **Area for improvement 3**<br><br>**Ref**: Standard 21.1<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate action required | The registered person shall ensure care plans for the management of wounds accurately reflect recommendations of the multidisciplinary team. Care should be delivered in keeping with the assessed needs of the patient. Wound assessment and evaluations should be in keeping with best practice guidance.<br><br>Ref: 6.2.3 |
| | **Response by registered person detailing the actions taken:**<br>All wound documentation for the identified wound was reviewed to ensure consistency in the information recorded via a wound tracker audit.<br>Any new wounds have an initial wound tracking audit completed.<br>Wounds continue to be monitored monthly via wound audits.<br>Registered Nurses attended an update on wound care training on 18th May 2021.<br>A wound resource folder has been implemented with a wound checklist to ensure that all information recorded is accurate. |

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

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