The Regulation and Quality Improvement Authority

Unannounced Follow Up Care Inspection Report 23 January 2020

Brooklands Healthcare Londonderry

Type of Service: Nursing Home
Address: 25 Northland Road, Londonderry, BT48 7NF
Tel No: 02871263987
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 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 Elizabeth Conway	Registered Manager and date registered: Stephen Wright – awaiting application
Person in charge at the time of inspection: Stephen Wright	**Number of registered places:** 45
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:** 42

4.0 Inspection summary

An unannounced care inspection took place on 23 January 2020 from 11.05 hours to 16.20 hours.

The inspection assessed progress with all areas for improvement identified in the home 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 the culture and ethos of the home, maintaining patient's dignity and privacy and maintaining good working relationships.

Two areas for improvement were identified in relation to infection prevention and control and the secure storage of patient information.

The following areas were examined during the inspection:

- staffing levels
- management of falls, wounds and care delivery
- the environment
- consultation
- governance arrangements

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	2	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Stephen Wright, 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 12 November 2019

The most recent inspection of the home was an unannounced enforcement care inspection undertaken on 12 November 2019. Evidence was available to validate compliance with the Failure to Comply Notice which was issued on 12 August 2019.

No further actions were required to be taken following this inspection.

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, for example, serious adverse incidents.

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

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 20 January 2020
- incident and accident records
- three patient care records
- a sample of governance audits/records
- a sample of reports of visits by the registered provider

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not 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 on 12 November 2019

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing levels

On arrival at the home we were greeted by the manager who welcomed the inspector to the home. They 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. The manager confirmed a number of nurses had left permanent employment in the home since the last care inspection although they had successfully recruited additional nurses to replace them, including a new deputy manager.

A review of the duty rota for week commencing 20 January 2020 evidenced that the planned staffing levels were adhered to. We were not able to identify the nurse in charge of each shift clearly on the duty rota. This was discussed with the manager who agreed to address this. This will be reviewed at a future care inspection.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. We saw that there was sufficient staff on duty to meet the needs of patients. All the care staff we spoke with expressed no concerns regarding staffing levels in the home. One staff member did say that it could be challenging when there was unplanned sickness but that planned staffing levels are adequate.

6.2.2 Management of falls, wounds and care delivery

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

We examined the management of patients who had falls. Review of one patient's records evidenced that the fall was managed reasonably well. Deficits identified were discussed with the manager who agreed to complete clinical supervision with staff as required.

Wound care, which was being provided to one identified patient, was also considered. A body map was in place and there was evidence of good assessment and treatment of the wound which was in keeping with the recommendations from the multidisciplinary team. Review of the evaluation of care identified some very good examples which were in keeping with best practice guidance. We asked the manager to ensure these examples of good practice are shared with the registered nurses to drive improvement in the evaluation of care.

We reviewed the care records of a patient who had been recently admitted to the home. We acknowledged an improvement since the last care inspection in development of patient care plans; these were patient centred and the evaluation of care was more meaningful. The patient had a selection of risk assessments completed on admission which informed care plans reflective of the assessed needs of the patient. The patient was at risk of developing pressure damage to their skin. Their care plan did not direct staff as to the frequency of repositioning and skin checks but did identify the type of pressure relieving equipment or setting. Review of repositioning records confirmed they had been repositioned regularly and had their skin condition checked. This was discussed with staff who updated the care plan prior to the completion of the inspection.

6.2.3 The environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and fresh smelling throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction. Deficits with infection prevention and control (IPC) practice were identified. The smoking area at the rear of the home was very cluttered and discarded cigarette filters were noted close to rear exit doors. Personal protective equipment was observed to be discarded in the smoking area. This was discussed with the manager and identified as an area for improvement.

During review of the environment we observed information relating to patient care to be disposed of in an area accessible to visitors to the home. Ensuring patient information is stored securely in the home was discussed with the manager. An area for improvement was made.

6.2.4 Consultation

During the inspection we consulted with eight patients, one patient's relative, three visiting professionals and three staff. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others. Patients said,

"They are very good."
"I find the staff very nice. They accommodate my specific dietary needs very well. The cook is excellent. There are also activities on every day."

The relative consulted spoke positively in relation to the care provision in the home. They said:

"The care is excellent. I cannot fault the staff. The staff that are here are the staff that want to be here. Nothing is 100% anywhere but I am very happy with the care."

The visiting professionals spoken with said:

“Tina (deputy manager) is amazing. She is so professional and on the ball. I think the care here is so patient centred. Patients get up out of bed when they want.”
“The placement in this home has been amazing. It is so clean. I saw one of the cleaners plaiting one of the patient’s hair. They are so caring.”
“I think it is really good. The staff and clients all get on so well. The care plans are very good. You have a good picture of the clients’ needs.”

Comments from three staff consulted during the inspection included:

“We are getting listened to more. There is really good communication among the staff.”
“The teamwork is very good and there has been an improvement in the morning routine.”

6.2.5 Management arrangements

Questionnaires were left for patients and their relatives to give them an opportunity to provide feedback to RQIA following the inspection. A poster was also provided detailing how staff could complete an online survey to provide feedback. No responses were received by RQIA.

The manager was the person in day to day operation of the home. The current manager had been recently appointed to the home although no application for registration with RQIA has been received. The manager reported that they were well supported by the management team and welcomed the input from the experienced deputy manager who was also recently appointed.

There was evidence of management oversight of the day to day working in the home. A number of audits were completed to assure the quality of care and services; areas audited included the environment/IPC, hand hygiene, wounds, care records and accidents and incidents. Audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were addressed as required. We discussed ways the manager could enhance the current governance systems particularly with regards the hand hygiene audit and developing an action plan for the environmental audit. The manager agreed to review this.

Review of records evidenced that quality monitoring visits were completed on a monthly basis. The monitoring visit for December 2019 was being completed during the day of the inspection. This was discussed with the responsible individual who advised there were exceptional circumstances as to why it had not been completed sooner. We asked that a copy of the report and the report for January 2020 be forwarded to RQIA post inspection. These were received on 7 February 2020.

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

Areas of good practice

Areas of good practice were identified in relation to the culture and ethos of the home, maintaining patient’s dignity and privacy and teamwork.

Areas identified for improvement

Two areas for improvement were identified in relation to infection prevention and control and the secure storage of patient information.

	Regulations	Standards
Total number of areas for improvement	2	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Stephen Wright, 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	
Area for improvement 1 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure the smoking areas in the home are kept clean and tidy. Personal protective equipment should be disposed of in an appropriate clinical waste bin. Ref: 6.2.3
	Response by registered person detailing the actions taken: Daily monitoring and clenaing rota has been implemented. Ongoing training and supervisions being carried out in regards to the appropriate disposal of PPE
Area for improvement 2 **Ref:** Regulation 19 (5) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure information about a patient's health and treatment is securely stored. Ref: 6.2.3
	Response by registered person detailing the actions taken: Handover sheets have been reviewed and issued to all staff and disposed of at the end of each shift . All staff are receiving training in relation to GDPR and safe hadnling and disposal of patients information

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

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