

# Unannounced Care Inspection Report 24 June 2020



## Brooklands Healthcare Londonderry

Type of Service: Nursing Home  
Address: 25 Northland Road, Londonderry BT48 7NF  
Tel No: 02871263987  
Inspector: Caroline Rix

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Brooklands Healthcare Ltd  <b>Responsible Individual:</b> Therese Elizabeth Conway	<b>Registered Manager and date registered:</b> Lynn O'Brien Registration pending
<b>Person in charge at the time of inspection:</b> Lynn O'Brien	<b>Number of registered places:</b> 45  A maximum of 10 persons in category NH-PH.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 43

### 4.0 Inspection summary

An unannounced inspection took place on 24 June 2020 from 09.30 to 16.45 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this information RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- Staffing
- The use of Personal Protective Equipment (PPE)
- Infection prevention and control (IPC) practices
- Care delivery / care records
- Governance and management arrangements.

Patients said:

- “The girls (staff) are good to us all.”
- “I am as comfortable as can be.”
- “I like my own space and watch all the comings and goings.”

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
<b>Total number of areas for improvement</b>	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lynn O'Brien, manager, and Geraldine Merry the 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.

## 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.

The following records were examined during the inspection:

- Staff duty rota from 22 to 28 June 2020
- Incident/accident records
- A sample of monthly monitoring reports
- Staff induction training records
- Staff meeting minutes
- Complaints records
- A sample of governance audits/monthly monitoring reports
- Western Health and Social Care Trust (WHSCT) support visit report
- Two patients' care records including food and fluid intake charts.

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

'Tell Us' information cards and questionnaires were left in the home inviting patients/relatives to contact RQIA with feedback. One relatives' questionnaire was returned to RQIA prior to the issuing of this report. Feedback indicated that they were 'satisfied' or 'very satisfied' that the care was safe, effective, and compassionate and that the service was well led. A poster was also displayed for staff inviting them to provide feedback to RQIA online; no responses were received.

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 inspection of the home was an unannounced care inspection undertaken on 23 January 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector observed the smoking area outside the home to be clean and tidy.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 19 (5) <b>Stated:</b> First time	The registered person shall ensure information about a patient's health and treatment is securely stored.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed that information about patients' health and treatment was appropriately secure at the time of inspection. The staff indicated that they had completed training on the safe handling and disposal of patients' information.	

## 6.2 Inspection findings

### 6.2.1 Staffing

Staffing levels within the home were discussed and reviewed with the manager who confirmed that they were planned and kept under review to ensure that the needs of patients were met. The manager stated that staff had been very flexible and prepared to work additional shifts when able, to ensure there was sufficient staff to attend to the patients. The manager stated that agency staff had been used to cover shifts on a weekly basis to ensure the required staffing levels are maintained. Agency staff continue to be needed for night duty

shifts. It was confirmed that four new staff are due to commence employment during July 2020 including a clinical lead nurse; a nurse; and two care assistants. The manager explained that this additional staff should reduce the need to use agency staff.

We spoke with nine staff during the inspection; the majority told the inspector they were satisfied with the current staffing levels. However, inconsistent staffing levels were described by some staff in relation to the provision of registered nurses; some staff also stated that more domestic staff would be needed in order to complete the terminal cleaning programme due to COVID-19 pandemic.

This feedback was discussed with the manager, who indicated that the recent appointment of registered nurses would help ensure that staffing levels were consistently maintained. The staff duty rota reviewed for week 22 to 28 June 2020 appeared to have sufficient staff on duty. The manager told us that a plan is in place to provide additional staff during the terminal cleaning programme.

Discussion with staff and a review of training records found inconsistency in the induction process. One induction record viewed had not been fully completed by the assessor. Also, a staff member stated that their induction programme had not provided them with adequate guidance in some areas. The inspector was provided with assurances that a comprehensive induction programme would be provided to recently appointed staff. A full record of staff induction training should be completed, including competency assessments in key areas of practice signed by the assessor in a timely manner; this area has been identified as an area for improvement.

The regional manager told us that recent changes in managerial and staffing arrangements had negatively impacted the induction process. The manager and regional manager confirmed that staff induction training had been identified as an area for review. Consequently, a care assistant induction booklet is due to be introduced in June 2020 while further reviews of induction programmes for other staff groups is also to be undertaken by the organisation.

Staff told us that communication between staff and the senior management team took place regularly and that they were supported by management throughout the ongoing pandemic. The manager stated that she maintains an 'open door' policy for staff who wish to speak with her. The records confirmed that a number of staff meetings had been held in June 2020 when the new manager was introduced.

### **6.2.2 Personal protective equipment / Infection prevention and control practices**

We observed that there was a sufficient supply of PPE at the entrance to the home and PPE stations within the home were well stocked. Signage relating to the use of PPE was on display and accurately reflected current regional guidance.

Observation of staff evidenced that they were able to don and doff PPE appropriately and also handled laundry items appropriately. No issues were raised by staff in regard to the supply and/or availability of PPE.

Staff who were spoken with demonstrated a good understanding of how and when to effectively wash their hands as part of their care delivery to patients. Laminated posters showing the seven stages of handwashing were also displayed throughout the home.

Staff members we spoke with were able to confirm that they had attended their mandatory infection, prevention and control training within the last six months and had received updated training on the use of PPE at the start of this pandemic.

We noted that staff temperatures and health checks were being obtained twice daily in adherence with regional guidance. Anyone entering the home had a temperature and symptom check completed.

We observed the environment of the home and found that it appeared neat and tidy throughout. Alcohol based hand sanitiser was available throughout the home. There were no malodours detected and patients were observed relaxing either in a communal lounge or their own bedrooms.

The manager explained that systems were in place for enhanced cleaning, with increased frequency of the cleaning of touch points such as door handles and light switches. However, a review of domestic records and staff discussions highlighted that this enhanced cleaning was not being completed when domestic staff are not on duty overnight. The manager confirmed that the enhanced cleaning should be completed overnight and staff would be reminded of their role and responsibility to ensure it is undertaken. The manager confirmed this area would be monitored during her infection control audits. This was identified as an area for improvement.

### **6.2.3 Care delivery**

Staff were observed interacting with patients in a compassionate, patient and dignified manner throughout. The inspector observed that staff were responsive to patients' needs and that assistance was provided in a timely manner with call bells being answered promptly. Staff were seen to interact in a meaningful way with patients and to be attentive to those patients who were in their bedrooms. Patients looked well cared for, they were wearing clean clothes and attention had been paid to patients' hair and nail care. Patients were observed to be comfortable and content in their surroundings.

Patients commented:

- "I had a lovely shower this morning. I had an itch on my back; the nurse got me cream which has helped already."
- "It is very relaxed and easy going here, although we all miss our family visiting like before."

We observed that staff encouraged patients to regularly drink fluids and were mindful of the fact that it was a warm day.

We observed the serving of the lunch time meal. Staff took time to assist patients with their meal. The number of patients sitting together had been reduced in order to facilitate social distancing measures. Patients were offered a choice of main meal and hot or cold drinks. The food looked and smelled appetizing, and patients told us their lunch was nice.

Patients commented:

- "The food is very good and always hot when we get it."
- "I enjoyed my lunch."

Staff who were spoken with demonstrated a clear understanding of the individual dietary needs of their patients.

#### **6.2.4 Care records**

We reviewed the care records for two patients during the inspection. The patients' care records were found to be up to date and relevant care plans were in place to direct the care required and reflected the assessed needs of the patients.

There was evidence, in the care records reviewed, that neurological observations were carried out in the event of a fall. We also observed that the relevant risk assessments and care plans were updated in the event of a fall.

We reviewed record keeping regarding the dietary management of patients including dietary recommendations made by the speech and language therapist (SALT). We observed that risk assessments and care plans fully reflected the SALT recommendations in place. Food and fluid intake records reviewed were also up to date. Patients' weights had been monitored and a record of these was maintained.

#### **6.2.5 Governance and Management**

Staff confirmed that given the current pandemic, there are currently no visits into the home by patients' relatives/friends. Staff who were spoken with demonstrated a good understanding of how this may adversely affect the mental and emotional health of residents. Staff told us that in order to mitigate such an impact, they assist residents' communication with their loved ones by methods such as video telephony ('FaceTime') or hosting family visits outside residents' bedroom windows or behind front garden balcony bars. Staff told us, "We try and do a wide variety of activities such as puzzles and quiz's, but patients really want to talk to their family and friends. We play music, Elvis is requested mostly, and we show classic films in the lounge which is popular."

The manager was complimentary regarding the support they had sought and received from the Western Health and Social Care Trust in relation to COVID-19. A support visit had been undertaken by WHSCT on 5 June 2020 where a review of all practices relating to COVID-19 guidance was completed. The support visit report was reviewed; findings were positive with a number of actions recommended during this visit which have been implemented; the report has been shared with all staff.

Incidents/accidents records completed since April 2020 were reviewed in comparison with the notifications submitted by the home to RQIA. We discussed the delayed submission of statutory notifications to RQIA with the manager who assured us that every effort would be made to submit these in a timely manner. The submission of such notifications will continue to be monitored by RQIA.

Staff generally commented positively about working in the home and told us that they felt supported. Comments received from staff included:

- "I can go to the new manager or senior staff if have any concerns."
- "We have some new staff started which is good for our team."
- "Office staff are approachable and do listen to staff, we are hoping for four week rotas soon."



A review of adult safeguarding records and discussion with the manager provided evidence that robust safeguarding arrangements were in place. Adult safeguarding matters/referrals are reviewed as part of the monthly quality monitoring process. Discussion with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns.

There was a system in place to ensure that complaints were managed appropriately. The inspector reviewed records of complaints received since the last inspection and found these had been investigated and managed appropriately and resolved.

Review of a sample of governance audit records established that the manager maintained an effective level of oversight in the home. Audits contained clear action plans, which were reviewed in a timely way and signed off when actions completed.

We observed that monthly monitoring reports had been completed remotely during the COVID-19 outbreak. These reports were reviewed for the period April 2020 to May 2020. It was noted that an action plan was generated to address any areas for improvement. The records indicated engagement with staff, patients, patients' representatives and other professionals by telephone to ensure their views and opinions were captured. Reports were noted to include review of the previous action plan, staffing arrangements, accidents/incidents, adult safeguarding matters, dependency levels, care records, environmental matters and complaints.

We discussed the levels of support being provided to the newly appointed manager with the manager and regional manager. It was acknowledged that a number of managers had been in charge of the home since February 2019. The regional manager confirmed that her weekly onsite visits to support the manager will continue as part of the manager's induction programme. The regional manager stated that she is available by telephone, as needed, to support the manager in her role. The human resources manager was also present during the inspection day; her role provides assistance to the organization's home managers regarding recruitment, probationary reviews and staff performance matters. The need for consistent and robust managerial oversight within the home was stressed.

The manager also told us that she felt well supported in her current role by the regional manager and described the value of having support from other home managers within the organisation.

### **Areas of good practice**

Areas of good practice were identified in relation to the recommended use and availability of PPE, hand hygiene, and IPC measures. Good practice was also identified in relation to care delivery to patients, and the compassionate communication of staff with patients.

### **Areas for improvement**

Two areas for improvement were identified in relation to staff induction training and the completion of overnight cleaning schedules.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	1

## 6.3 Conclusion

On the day of the inspection, the home was observed to be clean and tidy throughout. Patients looked well cared for, while staff displayed a friendly, kind and respectful attitude towards them. Staff adhered to appropriate IPC measures including the use of PPE as required.

The managerial arrangements were in place which promoted effective governance oversight and support for staff. Two areas for improvement are made in relation to overnight cleaning schedules and staff inductions.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lynn O'Brien, manager, and Geraldine Merry, the 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and on-going	<p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff. This relates specifically to the ensuring that the touch point cleaning schedule is completed overnight, as necessary.</p> <p>Ref: 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            On the day of the inspection the night allocation/ checklist form was updated to include a schedule for recording three hourly touch point cleaning overnight. This is signed off by night staff who have all completed Infection Prevention Control training.</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and on-going	<p>The registered person shall ensure that all staff completes a structured orientation and induction and that records are retained. The registered person should also ensure that staff inductions are not signed off as complete until the staff member and assessor is satisfied that the full scope of the induction has been satisfactorily completed.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            All staff follow a structured induction. Induction booklets are being reviewed by the Quality and Training lead. On successful completion of the induction booklets the Manager signs them off during the probation reviews. Any staff member who has not satisfactorily completed the full scope of the induction may have their probation extended to ensure this is completed. The booklets continue to be held within the staff personell files.</p>

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



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