



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment: Brooklands Private Nursing Home
Establishment ID No: 1176
Date of Inspection: 02 April 2014
Inspector's Name: Teresa Ryan
Inspection No: 17220

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

General Information

Name of Home:	Brooklands Private Nursing Home
Address:	25 Northland Road Londonderry BT48 7NF
Telephone Number:	028 7126 3987
E mail Address:	jarlathc@conwaygroup.co.uk
Registered Organisation/ Registered Provider:	Brooklands Nursing Homes Ltd Mr Jarlath Conway
Registered Manager:	Mrs Christine Donnell
Person in Charge of the home at the time of Inspection:	Mrs Christine Donnell
Categories of Care:	Nursing – I & PH
Number of Registered Places:	45
Number of Patients Accommodated on Day of Inspection:	43
Scale of Charges (per week):	£567.00 - £609.00
Date and type of previous inspection:	19 November 2013 Primary Announced
Date and time of inspection:	02 April 2014 08.55 hours -14.45 hours
Name of Inspector:	Mrs Teresa Ryan

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Discussion with nursing sisters and a registered nurse
- Discussion with staff
- Discussion with patients individually and with others in groups
- Examination of a sample of records pertaining to activities for patients
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of patients' care records
- Review of a sample of reports of unannounced visits undertaken under Regulation 29
- Review of a sample of incident records
- Review of a sample of minutes of patient/relatives meetings
- Observation during a tour of a number of areas throughout the home
- Evaluation and feedback

INSPECTION FOCUS

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS **Nursing Homes Minimum Standard** and to assess progress with the issues raised during and since the previous inspection:

Standard 13 - Programme of Activities and Events

The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of patients.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Brooklands Private Nursing Home is registered to provide care for up to 45 patients in the Nursing I (old age not falling within any other category) and Nursing PH (physical disability other than sensory impairment) categories of care. The home is conveniently located on the Northland Road, a short distance from the centre of the city of Londonderry.

The accommodation consists of four floors, the basement, the ground floor and floors one and two. There are a selection of single and double bedrooms (a number with en-suite), sitting rooms on the ground and first floor; patient designated smoking area, bathroom /shower/toilet facilities, a main kitchen, a dining room, laundry, staff accommodation and offices.

Car parking facilities are provided at the front and rear of the home.

3.0 SUMMARY

This summary provides an overview of the service during an unannounced inspection to Brooklands Private Nursing Home on Wednesday 02 April 2014. The inspection commenced at 08.55 hours and concluded at 14.45 hours.

The main focus of the inspection was to examine Standard 13 of the DHSSPS Nursing Homes Minimum Standards - Programme of Activities and Events.

The requirement and recommendations made as a result of the previous inspection were also examined and the outcome of the actions taken can be viewed in the section following this summary. The requirement was assessed by the inspector as being moving towards compliance and is therefore restated. The five recommendations were fully addressed.

During the course of the inspection the inspector met with a number of patients and staff. The inspector also met with one professional and one relative. The inspector observed care practices, examined a selection of records and undertook a general inspection of the basement and ground floor of the home.

Mrs Christine Donnell Registered Manager was in charge of the home throughout the inspection. The inspection feedback was provided at the conclusion of the inspection to the Registered Manager.

Standard 13 - Programme of Activities and Events

The inspector inspected the 10 criteria within this standard to check the home's level of compliance.

A policy on the provision of activities and social events was in place.

Discussion with the registered manager and review of four care records revealed that patients' social histories and activity assessments were undertaken with outcomes recorded. A recommendation is made that activity assessments be reviewed and updated and that all sections in these assessments be completed. (See comments under criterion 13.2 of the standard).

Care plans on working and playing were in place. These care plans reflected the outcome of social histories and activity assessments for patients. The spiritual needs of the patients were also addressed in these care plans.

Activity records were maintained in the home. The registered manager undertook to record the duration of activities provided on the patients' individual activity records.

An activity therapist was employed on a part-time basis. Care staff provided activities for patients in the absence of the activity therapist. Social including music events were provided by voluntary groups /individuals from outside the home

Review of the records of activities and social events provided and in discussion with a number of patients and staff it was revealed that patients were provided with enjoyable, meaningful, age appropriate and failure free activities based on the outcome of individual social histories and activity assessments.

The inspector's overall assessment of the standard is compliant.

Care Practices

During the course of the inspection, staff were observed to treat the patients with dignity and respect, taking into account their views and abilities in a caring and sensitive manner. Good relationships were evident amongst staff and patients.

Staff Training

The activity therapist and care staff were not trained in the provision of activities to the elderly and a requirement is made in regard to this training. In making this requirement it is acknowledged that the activity therapist was trained in arm chair aerobics in 2013.

Staffing

Discussion with the registered manager and a number of staff and review of a sample of staff duty rosters revealed the registered nursing and care staffing levels were found to be in line with the RQIA's recommended minimum staffing guidelines for the number of patients currently in the home. The ancillary staffing levels were found to be satisfactory

Patients' Comments

During the inspection the inspector spoke to six patients individually and to others in groups in the dining and sitting rooms on the ground floor.

Examples of patients' comments were as follows",
 "I am very happy in the home, I am well cared for",
 "This home is very nice, the staff are very kind".

Additional comments are cited under Section 6, point 6.3 (additional areas examined).

Relatives' comments

One relative visited the home during the inspection. This relative stated that "they did not have any problems and that the staff were very attentive"

Professionals' Comments

One professional visited the home during the inspection. This professional stated that "they were very pleased with how the patients were cared for in the home".

Staff Comments

During the inspection the inspector spoke with 17 staff. The inspector was able to speak to a number of these staff individually and in private. Examples of these staff comments were as follows:

"I am happy with how the patients are cared for in the home",
 "The activity therapist is excellent and a number of relatives take out patients at weekends",

Additional comments are cited under Section 6 point 6.6 additional areas examined.

Environment

During a tour of the basement and ground floor, the home was found to be clean, warm and comfortable. A redecoration programme was on-going in the home. A requirement is restated that suitable privacy screening be provided between patients' beds in double rooms. The screens currently in use do not provide total privacy for the patients. In restating this requirement it is acknowledged the registered manager provided written evidence to the inspector that these screens were on order.

Conclusion

The evidence provided during inspection revealed that patients were provided with a wide range of activities in and outside the home in accordance with their assessed needs and wishes.

The inspection attracted one requirement, one restated requirement and one recommendation. These requirements and recommendation are addressed in the Quality Improvement Plan (QIP).

The inspector would like to thank the patients, visiting relative, visiting professional, registered manager, administrative officer and staff for their assistance and support throughout the inspection process.

No.	Regulation Reference	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	18 (2) (c)	The registered person shall having regard to the size of the nursing home and the number and needs of patients provide in rooms occupied by patients adequate furniture, bedding and other furnishings, including curtains and floor coverings, and equipment suitable to the needs of patients and <u>screens</u> where necessary.	Discussion with the registered manager revealed that suitable privacy screening had not yet been provided in double rooms. Restated	Moving towards compliance

No.	Minimum Standard Reference	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	5.3	It is recommended the roles and responsibilities of named nurses and key workers be outlined in the Patient's Guide.	Review of the Patients' Guide revealed that details in regard to the roles and responsibilities of named nurses and key workers had been included in this guide.	Compliant
2	5.7	It is recommended that the monthly reviews undertaken of supplementary risk assessments fully reflect the outcome of these assessments	Review of a sample of patients' care records revealed monthly reviews undertaken of supplementary risk assessments reflected the outcome of these assessments.	Compliant
3	8.1	It is recommended that the condition and suitability of weighing scales used for patients be reviewed.	Discussion with the registered manager and a number of staff revealed that suitable weighing scales had been provided in the home.	Compliant
4	32.1	It is recommended that the identified patient's bedroom wall be repaired and repainted.	Discussion with the registered manager revealed that this patient's bedroom wall had been repaired and repainted.	Compliant
5	25.12	It is recommended that samples of staff comments on the quality of nursing care provided in the home be recorded in reports of unannounced visits undertaken in the home under Regulation 29. It is also recommended that the identification numbers of patients consulted during these visits be recorded in reports.	Review of a sample of reports of unannounced visits undertaken under Regulation 29 revealed that a sample of staff comments had been recorded in these reports. Patients' identification numbers had also been recorded.	Compliant

NURSING HOME - MINIMUM STANDARDS

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of patients.

<p>Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for patients and is based on the identified needs and interests of patients.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Inspection Findings: A policy on the provision of activities to patients was available in the home. Review of four patients' care records revealed that social histories and individual activity assessments were in place with outcomes recorded. Discussion with a number of patients and staff and review of the records of the activities and events revealed that patients benefited and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the patients. Care plans were in place on working and playing. These care plans reflected the outcome of patients' activity assessments.</p>	<p>Compliant</p>
<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful and age and culturally appropriate for patients and takes into account the patients' spiritual needs. It promotes healthy living, is flexible and responsive to patients' changing needs, and facilitates social inclusion in community events.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Inspection Findings: Review of the programme of activities revealed that activities provided reflected the category of care of the patients in the home. The activities and events provided were age and culturally appropriate and failure free. In discussion with a number of patients and review of the individual records of activities provided indicated that the patients spiritual needs were addressed. The patients' spiritual needs were also addressed in their care plans on working and playing. The evidence provided during inspection revealed patients were encouraged and enabled to participate in social events outside the home. Review of a sample of patients' care records revealed that activity assessments were reviewed on a monthly basis</p>	<p>Substantially compliant</p>

<p>and changes were made to the programme of activities as and when required. These activity assessments should be reviewed and updated. There were a number of sections in these assessments that were not completed and this should be addressed. A recommendation is made in regard to this shortfall.</p>	
<p>Criterion Assessed: 13.3 Patients, including those patients who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	ACHIEVEMENT LEVEL
<p>Inspection Findings: Review of the records of activities provided and in discussion with a number of patients including those who generally stay in their rooms revealed that patients were given opportunities to put forward suggestions for inclusion in the programme of activities. There was also written evidence held in relation to the activities undertaken by patients' who generally stay in their rooms. Patients and their representatives were also invited to comment on activities through one to one discussions, patients' and relatives' meetings, questionnaires and during care management care review meetings.</p>	Compliant
<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location, so that patients, and their representatives, know what is scheduled (Small homes excepted).</p>	ACHIEVEMENT LEVEL
<p>Inspection Findings: The programme of activities was displayed in a number of areas in the home. Patients and their representatives were also informed of planned activities /social events in and outside the home through a quarterly newsletter produced by the home and this is commendable.</p>	Compliant
<p>Criterion Assessed: 13.5 Patients are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	ACHIEVEMENT LEVEL
<p>Inspection Findings: An activity therapist is employed in the home on a part time basis. Care staff also provide activities for patients in the absence of the activity therapist. Social including music events were provided by voluntary groups /individuals from outside the home. There was a range of activity equipment available in the home. The registered manager informed the inspector that arrangements were currently being put in place to consult with patients' relatives to bring items of interest into the home for discussion by patients during reminiscence groups.</p>	Compliant

<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the patients participating.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Inspection Findings: In discussion with the registered manager, staff and a number of patients it was revealed that patients' needs and abilities were taken into account. . The activity therapist and staff on duty displayed a keen awareness of the patients' abilities including their concentration spans in the provision of activities. The registered manager undertook to record the duration of activities provided on the patients' individual activity records.</p>	<p>Compliant</p>
<p>Criterion Assessed: 13.7 Where an activity is provided by a person who is contracted in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Inspection Findings: The registered manager informed the inspector that no persons were contracted by the home to provide activities to patients. As previously stated activities were provided by the activity therapist and care staff and by voluntary groups/individuals from outside the home. In discussion with the registered manager and the activity therapist it was revealed that the activity therapist was trained in chair aerobics in 2013. However this staff member and the care staff had not been trained in the provision of activities to the elderly. A requirement is made in regard to this training.</p>	<p>Moving towards compliance</p>
<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted in to do so by the home, staff inform them about any changed needs of patients prior to the activity commencing, and there is a system in place to receive timely feedback.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Inspection Findings: As previously stated the registered manager informed the inspector that no persons were contracted by the home to provide activities to patients. Activities were provided by the activity therapist and care staff and by voluntary groups/individuals from outside the home.</p>	<p>N/A</p>

<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the names of persons leading each activity and the patients who participate.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Inspection Findings: Records of the activities and social events provided were held and completed in line with this element of the standard. Review of these records revealed that patients were provided with activities on a regular basis. A number of patients attended day care/clubs on a weekly/twice weekly basis.</p>	<p>Compliant</p>
<p>Criterion Assessed: 13.10 The programme is reviewed regularly, and at least twice yearly, to ensure it meets patients' changing needs.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Inspection Findings: The registered manager informed the inspector that the programme of activities and social events was reviewed on a three to six monthly basis to ensure that this activity programme reflected the changing needs of patients. The registered manager also informed the inspector that this programme was also reviewed following each patient's admission to the home to ensure that each patient's assessed needs in regard to activity provision were addressed in this programme.</p>	<p>Compliant</p>

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING CARE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

6.0 ADDITIONAL AREAS EXAMINED

6.1 Staffing

Discussion with the registered manager and a number of staff and review of a sample of staff duty rosters revealed the registered nursing and care staffing levels were found to be in line with the RQIA's recommended minimum staffing guidelines for the number of patients currently in the home. The ancillary staffing levels were found to be satisfactory.

6.2 Care Practices

During the inspection staff were observed to treat the patients with dignity and respect taking into account their views and abilities in a caring and sensitive manner. Good relationships were evident amongst staff and patients.

6.3 Patients' comments

During the inspection the inspector spoke to six patients individually and to others in groups in the dining and sitting rooms on the ground floor.

Examples of patients' comments were as follows:

"I am very happy in the home, I am well cared for",
 "This home is very nice, the staff are very kind",
 "This home could not be better, everyone is very good",
 "I am very happy in the home, we have a great manager and staff",
 "I am very happy with the activities provided in the home, the activity therapist is wonderful",
 "The activity therapist is very good, I enjoy the activities".

6.4 Relatives' comments

One relative visited the home during the inspection. This relative stated that "they did not have any problems and that the staff were very attentive".

6.5 Professionals' Comments

One professional visited the home during the inspection. This professional stated that "they were very pleased with how the patients were cared for in the home".

6.6 Staff Comments

During the inspection the inspector spoke with 17 staff. The inspector was able to speak to a number of these staff individually and in private. Examples of these staff comments were as follows:

"I am happy with how the patients are cared for in the home",
 "The activity therapist is excellent and a number of relatives take out patients at weekends",
 "We are not trained in the provision of activities",
 "I enjoy working here, the patients are well cared for",
 "I am happy working in the home, the staffing levels are good".

“The staff support each other well and I am happy working in the home”,
“I love my job I was made feel very welcome when I commenced work in the home. My mentor was very good”.

6.7 Environment

During a tour of the basement and ground floor, the home was found to be clean, warm and comfortable. A redecoration programme was on-going in the home. A requirement is restated that suitable privacy screening be provided between patients’ beds in double rooms. The screens currently in use do not provide total privacy for the patients. In restating this requirement it is acknowledged the registered manager provided written evidence to the inspector that these screens were on order.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Christine Donnell, Registered Manager during the inspection feedback.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Teresa Ryan
The Regulation and Quality Improvement Authority
Hilltop
Tyrone and Fermanagh Hospital
Omagh
Co Tyrone
BT70 0NS



Quality Improvement Plan

Secondary Unannounced Inspection

Brooklands Private Nursing Home

02 April 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Christine Donnell, Registered Manager during the inspection feedback.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	20 (1) (c) (i)	<p>It is required that the activity therapist and care staff be trained in the provision of activities to the elderly.</p> <p>Ref. point 13.7.</p>	One	yesActivities training for activity therapist and care staff will be provided within time scale of three months	Three months
2	18 (2) (c)	<p>The registered person shall having regard to the size of the nursing home and the number and needs of patients provide in rooms occupied by patients adequate furniture, bedding and other furnishings, including curtains and floor coverings, and equipment suitable to the needs of patients and <u>screens</u> where necessary.</p> <p>Ref. Section 6, point 6.7 (additional areas examined).</p>	Two	New screens for double rooms purchased	Two months

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	5.2	It is recommended that patients' individual activity assessments be reviewed and updated. All sections in these assessments should be completed. Ref. point 13.2.	One	Reviews and updates on-going by activities therapist and named nurses	One month

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Christine Donnell
Name of Responsible Person / Identified Responsible Person Approving Qip	Jarlath Conway

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Teresa Ryan	15/05/2014
Further information requested from provider			