

Unannounced Nursing Home Care Inspection Report 06 June 2016



Brooklands

Address: 25 Northland Road, Londonderry BT48 7NF

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Inspector: Bridget Dougan

1.0 Summary

An unannounced inspection of Brooklands took place on 06 June 2016 from 11.30 to 16.30.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Patients were being assisted and responded to in a timely and dignified manner. However, six staff and six patients felt there was not enough staff to meet the needs of patients. A recommendation has been made for a review of staffing. Patient risk assessments were undertaken, reviewed and updated on a regular basis. The home was found to be warm, fresh smelling and clean throughout.

Staff clearly demonstrated the knowledge, skills and experience necessary to fulfil their role, function and responsibility.

There were systems in place for the safe recruitment and selection of staff. There was evidence of a structured orientation and induction for newly appointed staff and mandatory training had been completed and was up to date for all staff. Competency and capability assessments had been completed for all registered nurses.

Is care effective?

Care records evidenced that registered nurses assessed, planned, evaluated and reviewed patients' care in accordance with professional guidelines.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate.

Staff stated that there was effective teamwork in the home; each staff member knew their role, function and responsibilities. Staff meetings were held on a regular basis (at least quarterly) and records were maintained.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

There were no requirements or recommendations made.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely.

Observation of the lunch time meal confirmed that patients were given a choice in regards to food and fluid choices, and the level of help and support requested.

Discussions with staff, relatives and patients and a review sample of compliment cards evidenced that staff cared for the patients and their representatives in a kind, caring and

thoughtful manner. A number of patients and staff expressed some dissatisfaction with staffing levels and a recommendation has been made accordingly.

There were no requirements or recommendations made.

Is the service well led?

There was a clear organisational structure within the home and evidence that the home was operating within its registered categories of care.

Complaints were managed in accordance with legislation. Notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was evidence of an audit schedule and that a range of audits had been completed on a monthly basis, for example audits of accident/incidents, care records, wound care and complaints. The results of these audits had been analysed and appropriate actions taken to address any shortfalls identified.

Monthly monitoring visits in respect of Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 were completed as required. An action plan was generated to address any areas for improvement and reviewed on subsequent monitoring.

There were no requirements or recommendations made.

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the QIP within this report were discussed with Christine Donnell, registered 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced finance inspection undertaken on 27 August 2015. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Therese Elizabeth Conway	Registered manager: Christine Donnell
Person in charge of the home at the time of inspection: Christine Donnell	Date registered manager registered: 1 April 2005
Categories of care: NH – I & PH	Number of registered places: 45

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection we met with thirty patients, two registered nurses, six care staff, one catering, one laundry and one domestic staff.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector. Two patients' representatives were spoken with during this inspection.

Ten patients, ten staff, and six relatives' questionnaires were left for distribution.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training planner for 2016/17
- two staff personnel records
- accident and incident records
- notifiable events records
- sample of audits
- complaints and compliments records
- NMC and NISCC registration records
- staff induction records
- nurse competency and capability assessments
- minutes of staff meetings

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 27/08/2015

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered person/s, as recorded in the QIP will be validated at the next finance inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 02/06/2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 32 Stated: First time To be Completed by: 30 September 2015	The registered manager should ensure that all nursing staff are provided with an update in the palliative care.	Met
	Action taken as confirmed during the inspection: Review of training records evidenced that all registered nurses had completed face to face training and care assistants had completed e learning on palliative and end of life care.	

Recommendation 2 Ref: Standard 19 Stated: First time To be Completed by: 09 June 2015	The registered manager should ensure that patients religious preferences/spiritual needs are documented in end of life care plans.	Met
	Action taken as confirmed during the inspection: Three patients care records were reviewed and confirmed that patient's religious preferences/spiritual needs were documented in end of life care plans.	

4.3 Is care safe?

The registered manager 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. A review of the staffing rotas for the weeks commencing, 13, 20 and 27 May 2016 evidenced that the planned staffing levels were adhered to.

Six staff and six patients felt there was not enough staff to meet the needs of the patients. Staff explained that a number of patients displayed distressed behaviours and required additional support and supervision. Staff felt they were unable to meet the needs of other patients when they were providing one to one supervision for patients with distressed behaviours. This was discussed with the registered manager following the inspection. The registered manager confirmed that the relevant patients had been reviewed by the multidisciplinary team and some had their medication changed. Staff had received training in the management of distressed behaviours. The registered manager agreed to review the staffing levels to ensure the number and ratio of staff on duty at all times meet the care needs of patients. A recommendation has been made.

Observations of the delivery of care evidenced that patients were being assisted and responded to in a timely and dignified manner.

Discussion with the registered manager confirmed that there were systems in place for the safe recruitment and selection of staff, and staff consulted confirmed that they had only commenced employment once all the relevant checks had been completed. Two staff personnel files were viewed and we were able to evidence that all the relevant pre-employment checks had been completed.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. There was also evidence that mandatory training had been completed by all staff in 2015. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training.

Staff clearly demonstrated the knowledge, skills and experience necessary to fulfil their role, function and responsibility.

There was evidence of competency and capability assessments completed for registered nurses. The registered manager also had a planner for staff supervision and appraisals.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Discussion with the registered manager confirmed that a range of audits was conducted on a regular basis (refer to section 4.6 for further detail). A sample of falls audits confirmed the number, type, place and outcome of falls. This information was analysed to identify patterns and trends. An action plan was in place to address any deficits identified.

A review of the accident and incident records confirmed that Trust care management, patients' representatives and RQIA were notified appropriately.

We observed the environment, including a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, fresh smelling and clean.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Areas for improvement

Review the staffing levels to ensure the number and ratio of staff on duty at all times meet the care needs of patients.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care effective?

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

Review of three patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift.

Discussion with staff and the registered manager confirmed that staff meetings were held on a regular basis (at least quarterly) and records were maintained.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and review of records evidenced that patient and/or relatives meetings were held on a quarterly basis. Minutes were available.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely.

Observation of the lunch time meal confirmed that patients were given a choice in regards to, food and fluid choices and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately.

The daily menu was displayed in the dining rooms and offered patients a choice of two meals for lunch and dinner. A choice was also available for those on therapeutic diets. Patients all appeared to enjoy their lunch.

Discussions with staff confirmed that they had a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients spoken with were generally very complimentary regarding the care they received and life in the home. However, six patients felt there was not enough staff at times to meet their

needs. A recommendation has been made in section 4.3. Those patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. Views and comments recorded were analysed and areas for improvement were acted upon.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. From discussion with the registered manager, staff, relatives and a review of the compliments records, there was evidence that the staff cared for the patients and the relatives in a kindly manner.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Six patients, two patient’s representative and six staff completed questionnaires. Some comments received from patients and staff are detailed below. Responses received from patient’s representatives would indicate a high level of satisfaction with this service.

Staff

- “I am here 18 years and I am happy everything is good”
- “this is a good care home. Maybe we could do with more staff”
- “I feel that when some residents need a one to one we don’t have enough staff to fulfil our duties or meet other resident’s needs”

Patients

Comments received from patients were generally very positive. Six patients expressed some concerns regarding staffing levels. These comments were discussed with the registered manager who agreed to follow them up. Some comments received from patients:

- “I can’t think of anything that needs improved”
- “I have no complaints”
- “I am happy here”
- “I have to wait a long time to get to the toilet”
- “they could be doing with more staff”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities. Staff also confirmed that there were good working relationships and that the management were responsive to any concerns raised.

The certificate of registration issued by RQIA was displayed in the home.

A certificate of public liability insurance was current and displayed.

Discussion with the registered manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Review of the home's complaints record and discussion with the registered manager evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was evidence that a range of audits had been completed on a monthly basis, including care records, accidents/incidents, wound care, complaints, infection prevention and control and pressure ulcers.

The results of the above audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

The monthly monitoring visits required in regard to Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed in accordance with the regulations. An action plan was generated to address any areas for improvement.

A discussion with the registered manager and a review of records confirmed there were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Christine Donnell, the registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/registered manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/registered manager to ensure that all requirements and recommendations contained 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Nursing.Team@rqia.org.uk and assessed by the inspector.

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 registered person/registered manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/registered manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1
Ref: Standard 41.1

Stated: First time

To be completed by:
06 July 2016

The registered person should review the staffing levels to ensure the number and ratio of staff on duty at all times meets the care needs of patients.

Ref: Section 4.3
Response by registered person detailing the actions taken:

Staffing levels have been reviewed in conjunction with resident dependency levels and have found that they are adequate to meet the needs of the patients at this time. Staffing levels are reviewed on an ongoing basis or were there is a change to a resident's needs. This will be discussed with residents at the meeting scheduled on 23rd June, 2016.

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address



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