



The **Regulation** and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Brooklands**

29 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 29 June 2015 from 09.05 to 15.30.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Brooklands which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 12 October 2014.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Brooklands Healthcare Ltd Therese Conway (Acting)	Registered Manager: Deirdre Monaghan
Person in Charge of the Home at the Time of Inspection: Deirdre Monaghan	Date Manager Registered: 30 September 2014
Categories of Care: NH-LD, RC-DE, NH-I, NH-PHH, NH-PHE, RC-I, RC-MP(E), RC-PH(E), NH-TI 8 in RC-DE Category NH-LD for one patient only	Number of Registered Places: 54
Number of Patients Accommodated on Day of Inspection: 51	Weekly Tariff at Time of Inspection: £470 - £637

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

The inspection also sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- 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 observed care delivery/care practices and undertook a review of the general environment of the home. We met with six patients, five care staff, one registered nurse and three patients' visitors/representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- complaints records
- policies for communication and end of life care
- policies for dying and death and palliative and end of life care.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the Brooklands was an unannounced estates inspection dated 19 May 2015. The completed QIP is due to be returned and approved by the specialist inspector on 20 July 2015.

5.2 Review of Requirements and Recommendations from the last care inspection on 12 October 2014 Inspection.

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 20 (1)(a)</p> <p>Stated: Second time</p>	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>(a) Ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of patients.</p> <ul style="list-style-type: none"> • There is an identified shortfall of staffing in the residential dementia unit from 6pm onwards with only one member of staff being on duty. This needs to be rectified. • There needs to be a comprehensive review of the staffing levels in the ground floor unit of the home with subsequent appropriate action taken. • A comprehensive action plan must be put in place to address the frequency of staff absence particularly at weekends, which causes staffing levels to go below minimum levels. This plan needs to address the overall impact of poor staff morale associated with this shortfall in staffing. 	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Inspector confirmed that staffing arrangements were reviewed following the last inspection and two twilight shifts had commenced, ensuring that the identified shortfall had been addressed.</p> <p>Discussion with the registered manager confirmed that staff absence was being monitored in conjunction with human resources. Records were available to evidence the efforts made to cover staff absences.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 27(2)(t)</p> <p>Stated: First time</p>	<p>The registered person shall, having regard to the number and needs of the patients, ensure that-</p> <p>(t) a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>Reference to this is made, in that all radiators/hot surfaces must be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action.</p> <p>Risk assessments regarding radiators/hot surfaces were not available for inspection, however 26 out of 56 radiator covers had been installed.</p> <p>The responsible person confirmed that there was a phased approach to the completion of this work and confirmed that all radiator covers will be in place by April 2016.</p>	Met
Last Care Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 12.13</p> <p>Stated: First time</p>	<p>Menus are rotated over a three-week cycle and revised at least six-monthly, taking into account seasonal availability of foods and patients' views.</p> <p>Reference to this is made in that there needs to be a variety of roast for the Sunday dinner time meal as opposed to roast chicken each week.</p> <p>Action taken as confirmed during the inspection: Menus were reviewed and there was a variety of roasts evidenced for Sunday dinner over a four-week cycle,</p>	Met

5.2 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively which currently reflected best practice, including regional guidelines on Breaking Bad News. Discussion with staff confirmed that they were knowledgeable regarding this policy and procedure.

Training records were reviewed and reflected that 29 out of 77 staff had completed training in relation to communicating effectively with patients and their families/representatives. The procedure for breaking bad news as relevant to staff roles and responsibilities was provided in separate Palliative Care training.

Is Care Effective? (Quality of Management)

Three care records reflected patient individual needs and wishes regarding the end of life care. Recording within records included reference to the patient's specific communication needs.

The three care records evidenced that the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate.

There was evidence within these three records that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Care staff consulted indicated that they would defer to the registered nursing staff when breaking bad news. One registered nurse demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news.

Is Care Compassionate? (Quality of Care)

Discussion was undertaken with six staff, including one registered nurse who had the responsibility of being in charge of the home, regarding how staff communicates with patients and their representatives. All staff demonstrated a good awareness, relevant to their role, of the need for sensitivity when communicating with patients and/or their representatives. We observed a number of communication interactions throughout the inspection that confirmed that this knowledge was embedded into practice. These observations included staff assisting patients with personal care, assisting patients with meals and speaking with frail patients. There was a calm atmosphere in the home throughout the inspection.

Staff consulted demonstrated the importance of developing good relationships with patients and/or their representatives. Nursing staff consulted demonstrated how they delivered bad news sensitively.

We consulted six patients and three patient representatives during the inspection who confirmed that patients were treated with respect and dignity at all times. All patient representatives spoken with stated that the staff were very supportive, patients were treated with respect and dignity and that the care was very good. A review of the compliments records evidenced that patient representatives' were appreciative of the care and support provided to them when their relative was receiving end of life care.

Areas for Improvement

The registered manager should ensure that all staff complete the e-learning modules on communication.

Number of Requirements:	0	Number of Recommendations: *1 recommendation is made under Standard 32 below.	*1
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5.3 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents reflected best practice guidance such as the GAIN Palliative Care Guidelines, November 2013; it also included guidance on the management of the deceased person's belongings and personal effects, the management of shared rooms and the protocol for timely access to medication and equipment.

Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the GAIN Palliative Care Guidelines, November 2013 and the DHSSPSNI (2010) *Living Matters: Dying Matters* (2010).

As indicated above under 5.2, 24 out of 73 staff had either completed or were in the process of completing training in respect of palliative/end of life care. 38 out of 77 staff had completed training in grief and loss. Three registered nurses had completed training on the care of patients with deteriorating conditions. The registered manager confirmed that three nursing staff had attended recent palliative care training, however there were no records retained in respect of staff attendance or course content

Discussion with one registered nurse and a review of three care records confirmed that:

- there were arrangements in place for staff to make referrals to specialist palliative care services
- staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with two staff confirmed their knowledge of the protocol.

There was no specialist equipment, in use in the home on the day of inspection. Considering that the home is registered to provide care for patients who are terminally ill, the training records were reviewed. The records did not evidence that staff had received training, however the registered manager confirmed that syringe driver training had been provided and that update training in the use of syringe drivers would be accessed through the Local Healthcare Trust Nurse.

There was no palliative care link nurse identified in the home. The registered manager confirmed that plans were in progress to train a link nurse. A recommendation is made to address this.

Is Care Effective? (Quality of Management)

A review of three care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A key worker/named nurse was identified for each patient approaching end of life care. There was evidence that referrals had been made to the specialist palliative care team and where instructions had been provided, these were evidently adhered to.

Discussion with the manager, six staff and a review of three care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Through discussion and/or direct observation there was evidence that staff had managed shared rooms appropriately.

A review of notifications of death to RQIA during the previous inspection year confirmed that all deaths were notified appropriately.

Is Care Compassionate? (Quality of Care)

Discussion with the six staff and a review of three care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. All staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. Arrangements included overnight stay where possible and the provision of snacks/refreshments.

From discussion with the manager and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments/records that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included staff meeting, one to one support if necessary.

Information regarding support services was available and accessible for staff, patients and their relatives. This information included leaflets from the Northern Health and Social Care Trust: *When Someone dies – Information, Guidance and Support for Family and Friends*; and *Palliative Care Awareness - Information for all Staff*.

Areas for Improvement

The registered manager should ensure that all staff complete the e-learning modules on communication, grief and loss; and palliative care, as appropriate to their role. Records should also be maintained of training that is attended externally by staff and the content of this training. This refers to Palliative Care training.

A palliative care link nurse should be appointed, to ensure that there is a nominated person in the home with up to date knowledge and skills in providing symptom control and comfort.

The registered manager should provide staff with the opportunity to discuss arrangements for patients who are imminently dying, in the event that there are no relatives present. These discussions should focus on the deployment of staff to sit with the patient, so they are not left alone while dying.

Number of Requirements:	0	Number of Recommendations:	3
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5.4 Additional Areas Examined

Questionnaires

As part of the inspection process we issued questionnaires to staff, patients and their representatives.

Questionnaire's issued to	Number issued	Number returned
Staff	10	10
Patients	0	0
Patients representatives	5	5

All comments on the returned questionnaires were in general positive. Some comments received are detailed below:

Staff

"I do not think that residents that are receiving palliative care receive the care and attention that staff would like to give due to staffing levels"

"It is difficult for staff to ensure resident always has someone with them (when a resident is dying)"

"It would be more appropriate to have an extra member of staff on at end of life to ensure that care of dying patients are given the best of care / support / company, to ensure a dignified death for those who don't have family"

"I feel there is enough staff to allow us give excellent end of life care"

"The home is well run and a brilliant place to start my career as a carer"

"I feel that all members of staff in this home are all very caring and compassionate"

“I feel we are all very special and caring individuals”

“I love my job”

The comments above regarding the need for additional staffing when a patient is dying was discussed with the registered manager. A recommendation is made to address this.

Patients

“It is very good here”

“I have no complaints”

“Anytime, day or night, you get what you want”

“I am very well looked after”

“I have to stay in bed because my chair is broken”

The comments above regarding one identified patient, whose pressure relieving chair cushion was broken was discussed with the registered manager. A recommendation is made to address this.

Patients’ representatives

“The nursing staff are approachable and have always time to listen to my concerns”

“When (my relative) spent time in hospital recently she looked forward to getting back ‘home’ to Brooklands, which indicates how happy she has been made to feel here”

“On occasions I have had to speak with nursing staff re administration of anti-emetics, when it is required”

“My (relative) says she is happy with the care she is receiving”

“(Another relative) of mine was cared for here, so it was the only place to choose”

“I am happy enough”

Care Records

A review of the care records identified that repositioning charts and food/fluid intake monitoring charts were not completed. Intake was not recorded in ten out of 11 fluid intake charts and four out of seven repositioning charts were not up to date. The records were completed after prompting by the inspector. A recommendation is made to address this.

6. Quality Improvement Plan

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

The registered person/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/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.

6.1 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 (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015 and the Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/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. 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 weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 32.3

Stated: First time

To be Completed by:
27 October 2015

A palliative care link nurse should be appointed, to ensure that there is a nominated person in the home with up to date knowledge and skills in providing symptom control and comfort.

Response by Registered Person(s) Detailing the Actions Taken:
A palliative care link nurse has been appointed in the home who has the required knowledge skills in this area

<p>Recommendation 2</p> <p>Ref: Standard 32.1</p> <p>Stated: First time</p> <p>To be Completed by: 27 August 2015</p>	<p>The registered manager should ensure that all staff complete the e-learning modules on communication, grief and loss; and palliative care, as appropriate to their role.</p> <p>Records should also be maintained of training that is attended externally by staff and the content of this training. This refers to Palliative Care and syringe driver training.</p>
<p>Recommendation 3</p> <p>Ref: Standard 32.11</p> <p>Stated: First time</p> <p>To be Completed by: 27 August 2015</p>	<p>Response by Registered Person(s) Detailing the Actions Taken: Staff are in the process of completing e-learning in the identified modules as per their role in the home. External training records are in place and staff have attended syringe driver and palliative care training.</p> <p>The registered manager should provide staff with the opportunity to discuss arrangements for patients who are imminently dying, in the event that there are no relatives present. These discussions should focus on the deployment of staff to sit with the patient, so they are not left alone while dying.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: In the event of patients who are imminently dying a staff member will be allocated to support them at this time.</p>
<p>Recommendation 4</p> <p>Ref: Standard 45.7</p> <p>Stated: First time</p> <p>To be Completed by: 27 August 2015</p>	<p>The process for reporting faulty pressure relieving devices should be reviewed. This should include a procedure for timely access to temporary replacement cushions, if repair is delayed.</p> <p>This refers to the pressure cushion of one identified patient.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Faulty items are reported to nurse in charge and recorded in maintenance repair book. Temporary replacement cushions are available in the home.</p>

Recommendation 5 Ref: Standard 37.4 Stated: First time To be Completed by: 27 August 2015	The process for recording food/fluid intake and repositioning is reviewed, to ensure that entries are recorded at the time care is delivered.		
	Response by Registered Person(s) Detailing the Actions Taken: Staff are now ensuring they record entries at the time of care delivered on food/ fluid charts and repositioning charts.		
Registered Manager Completing QIP	Deirdre Monaghan	Date Completed	04.08.15
Registered Person Approving QIP	Therese Conway	Date Approved	06.08.15
RQIA Inspector Assessing Response	Aveen Donnelly	Date Approved	14.08.2015

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address

Please provide any additional comments or observations you may wish to make below:

**Please complete in full and returned to RQIA nursing.team@rqia.org.uk **