



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 7 November 2019



Brooklands Healthcare Kilkeel

Type of Service: Nursing Home
Address: 10 Newry Road, Kilkeel, BT34 4DT
Tel No: 0284176 4968
Inspector: Linda Parkes

www.rqia.org.uk

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 registered nursing home which provides care for up to 48 patients.

3.0 Service details

<p>Organisation/Registered Provider: Brooklands Healthcare Ltd</p> <p>Responsible Individual: Therese Conway</p>	<p>Registered Manager and date registered: Sharon Troughton – acting no application required</p>
<p>Person in charge at the time of inspection: Sharon Troughton</p>	<p>Number of registered places: 48</p> <p>Maximum number of persons in each category as follows: Ground Floor: NH-DE - 13, NH-MP(E) - 1. First Floor: NH-I - 27, NH-LD - 2, NH-LD(E) - 1, NH-PH - 1, NH-PH(E) - 2. There shall be a maximum of 1 named resident receiving residential care in category RC-I.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. LD – Learning disability. PH(E) - Physical disability other than sensory impairment – over 65 years. DE – Dementia. LD(E) – Learning disability – over 65 years. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 45</p>

4.0 Inspection summary

An unannounced inspection took place on 7 November 2019 from 10.15 hours to 17.10 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Brooklands Healthcare Kilkeel which provides nursing care.

The inspection assessed progress with areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to staffing, staff training, adult safeguarding, risk management, communication between patients, staff and other professionals and the home's environment. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives and maintaining good working relationships.

Areas requiring improvement were identified to ensure that notifications are sent to RQIA in a timely manner, to ensure that monthly quality monitoring reports are made available for review by the inspector on inspection and regarding the contemporaneous recording of patient repositioning charts.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Troughton, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 28 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 28 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 25 October to 7 November 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- one patient care record
- two patient reposition charts
- a sample of governance audits/records
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from May to October 2019
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure that a cleaning schedule is in place for the decontamination of wheelchairs, hoists, toilet frames and patients' walking aids and adherence to this is regularly monitored.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and observation of a selection of wheelchairs, hoists, toilet frames and patients' walking aids evidenced they are adequately cleaned in order to adhere to best practice in infection prevention and control management. This improvement has been met.	
Area for improvement 2 Ref: Standard 46 Stated: First time	The registered person shall ensure that equipment is appropriately stored to minimise the risk of infection for staff and patients.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and observation of the environment evidenced that equipment is appropriately stored to minimise the risk of infection for staff and patients. This improvement has been met.	
Area for improvement 3 Ref: Standard 5 Stated: First time	The registered person shall ensure that information regarding patients' individual care recommendations are not displayed on notice boards in order to respect their human rights.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and observation of notice boards throughout the home evidenced that information regarding patients' individual care recommendations are not displayed on notice boards in order to respect their human rights. This improvement has been met.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 25 October to 7 November 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. The manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered.

Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Discussion with staff confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No questionnaires were returned within the timescale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Brooklands Healthcare Kilkeel. We also sought the opinion of patients on staffing via questionnaires. No questionnaires were returned within the timescale specified.

We also sought relatives' opinion on staffing via questionnaires. No questionnaires were returned within the timescale specified and no relatives were available to speak with on the day of inspection.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of staff training records for 2019 evidenced that staff had attended training regarding moving and handling, adult safeguarding, infection prevention and control (IPC), first aid and fire training.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

We reviewed accidents/incidents records from 1 March to 7 November 2019 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. It was noted there was a substantial delay in the reporting of two accidents/incidents to RQIA. This was discussed with the manager. Both notifications were received by RQIA on 8 November 2019. An area for improvement was identified.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training, adult safeguarding and the home’s environment.

Areas for improvement

An area for improvement was identified to ensure that notifications are sent to RQIA in a timely manner.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of one patient’s care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed the management of falls and restrictive practice. Care records were well documented and contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of alarm mats. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician.

Review of two patient repositioning charts for residents who require to be repositioned every three hours evidenced that there were gaps in the recording of the delivery of care. It was evidenced that the frequency of the repositioning of patients and the time recorded was inconsistent as both charts were recorded in the twelve and twenty-four hour clock. This was discussed with the manager who advised she would address the matter with staff and an area for improvement was identified.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in

ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

We observed the serving of the lunchtime meal in the dining room on the first floor B side. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room was covered on transfer. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff were observed assisting patients with their meal appropriately, in an unhurried manner and adequate numbers of staff were overseeing the mealtime. Tables were nicely set with condiments and soft music was playing in the background. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The menu for the day was displayed on the notice board in a suitable format.

Two patients commented:

“The food’s terribly good.”

“Very good. I enjoyed lunch.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and communication between patients, staff and other professionals.

Areas for improvement

An area for improvement was identified in relation to the contemporaneous recording of patient repositioning charts.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff were aware of individual patients’ wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“We sincerely thank you for the wonderful loving care, dignity and compassion you showed ... It brought comfort to us knowing that he was peaceful.”

During the inspection the inspector met with six patients, small groups of patients in the dining room and lounges and five staff. All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Brooklands Healthcare Kilkeel. 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. Questionnaires were also left in the home to obtain feedback from patients and patients’ representatives. No questionnaires were returned within the timescale specified.

Three patients commented:

“I’m looked after well and couldn’t ask for better.”

“I’ve no problems. All the staff are great. I would be able to raise concerns and know they would be sorted out quickly.”

“They (staff) do their best. I’ve no concerns.”

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients.

Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding the patient dining experience, care plans, wound care, decontamination of commodes on both floors of the home and infection prevention and control (IPC) practices including hand hygiene.

Discussion with the manager and review of records from May to October 2019 evidenced that quality monitoring visits were not completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Review of records for May, June, July and August 2019 evidenced within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed. Records of monthly quality monitoring visits for September and October 2019 were unavailable for the inspector to review. This was discussed with the manager. An area for improvement was identified.

The manager advised that staff, patient and relatives meetings were held on a regular basis. Minutes were available.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the completion of audits and maintaining good working relationships.

Areas for improvement

An area for improvement was identified regarding monthly quality monitoring visits by the registered provider, to ensure that reports are made available for review on inspection.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sharon Troughton, 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 enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that notifications are sent to RQIA in a timely manner.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Notifications are submitted as per recommended guidelines and in the absence of the Home Manager the deputy manager has been added to the portal to submit same</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that monthly quality monitoring reports are made available for review by the inspector on inspection.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Monthly monitoring visits are completed by the designated person and are available for review</p>
<h3>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</h3>	
<p>Area for improvement 1</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that supplementary care records, specifically, repositioning records are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Supplemenatry records are audited weekly to ensure records are being completed accurately and in accordance with residents care plan . Supervisions completed with all care staff on the recording of repositioning charts to correlate with care plans.</p>

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



The **Regulation** and
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Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

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