

# Unannounced Care Inspection Report 12 November 2020



## Brooklands Healthcare Kilkeel

Type of Service: Nursing Home (NH)  
Address: 10 Newry Road, Kilkeel, BT34 4DT  
Tel No: 028 4176 4968  
Inspector: Linda Parkes

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Brooklands Healthcare Ltd  <b>Responsible Individual:</b> Therese Elizabeth Conway	<b>Registered Manager and date registered:</b> Sharon Troughton – 18 June 2020
<b>Person in charge at the time of inspection:</b> Sharon Troughton	<b>Number of registered places:</b> 48  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.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 45

### 4.0 Inspection summary

An unannounced inspection took place on 12 November 2020 from 10.20 to 17.35 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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.

The following areas were examined during the inspection:

- the environment/Infection Prevention and Control
- staffing and care delivery
- patients' records
- governance and management.

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

#### 4.1 Inspection outcome

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with 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.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with three patients individually, small groups of patients in lounges and the dining room and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. No responses were received. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. One staff response was received within the timescale specified. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas from 30 October to 12 November 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- one staff recruitment file
- incident and accident records
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports
- complaints and compliments records
- two patients' activity participation records
- two patients' reposition charts
- two patients' fluid intake charts
- three patients' care records
- RQIA registration certificate.

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

The most recent inspection of the home was an unannounced care inspection undertaken on 7 November 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time	The registered person shall ensure that notifications are sent to RQIA in a timely manner.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of notifications received by RQIA from 25 July to 14 September 2020 evidenced that this area for improvement has been met.	

<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time	The registered person shall ensure that monthly quality monitoring reports are made available for review by the inspector on inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of monthly quality monitoring reports for 22 September and 15 October 2020 evidenced that they are made available for review by the inspector on inspection. This area for improvement has been met.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of two patients' repositioning records evidenced that they are completed in a comprehensive, accurate and contemporaneous manner. This area for improvement has been met.	

## 6.2 Inspection findings

### 6.2.1 The internal environment/Infection Prevention and Control

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.

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. A variety of methods were used to promote orientation, for example appropriate photographs, the provision of clocks and prompts for the date.

In Moss Rose Suite it was observed that a number of doors had no signage to assist patients with orientation to their bedrooms. This was discussed with the manager who advised that the doors had been newly painted and that the door furniture would be replaced.

Pull cords in bathrooms throughout the home were seen to be covered and could be easily cleaned in order to adhere to infection prevention and control best practice.

It was observed that the soap dispenser in the visitors' toilet on the ground floor was faulty and worked intermittently to provide soap. This was discussed with the manager who advised she would address the matter.

We observed that personal protective equipment, for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

The manager advised that all staff had a temperature and symptom check on arrival to work and at the end of their shift and that all patients in the home had their temperature checked twice daily in order to adhere to the Department of Health and the Public Health Agency guidelines.

Fire exits and corridors were observed to be clear of clutter and obstruction.

### **6.2.2 Staffing and care delivery**

A review of the staff duty rota from 30 October to 12 November 2020 evidenced that the planned staffing levels were adhered to. The manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the manager. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. Staff members spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. One staff questionnaire was received within the timescale specified and indicated that they were very satisfied that there were sufficient staff on duty to provide safe and effective care to patients.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Discussion with patients and staff and review of the activity planner displayed in the foyer and also in the activity room, evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The manager advised that patients had participated in a pen pal project and looked forward to receiving letters and cards of correspondence from all over the world. The project had initiated media interest and patients and staff had been interviewed by representatives from breakfast television and local radio stations. The activity therapist advised that patients had enjoyed baking and arts/crafts during the morning of inspection and that bingo was planned for the afternoon. Two patient records regarding activity participation were reviewed and were found to be well documented.

We observed the serving of the lunchtime meal in Moss Rose Suite. 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 a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks and how to modify fluids. The menu for the day was displayed on a white board in a suitable format, in both written and pictorial form.



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 and their representatives on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Three patients commented:

“I would recommend it, cos we get pampered here.”

“All’s ok.”

“The staff go out of their way to be kind. I’ve no concerns”

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.

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.

Cards and letters of compliment and thanks were received by the home. Some of the comments recorded included:

“You and your staff are superb in every way. Be assured I will be thinking of every one of you in these challenging times”

“We cannot express how much we appreciated the thoughtfulness and kindness you showed him. You are all wonderful.”

### **6.2.3 Patient records**

Review of three patients’ care records evidenced that care plans regarding falls management and restrictive practice were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

We reviewed a care plan for the use of bedrails for one patient. Care records were well documented. In order that patients feel respected, included and involved in their care, it is important 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 and General Practitioners (GPs).



Two patients' fluid intake charts were reviewed and were found to have gaps in the recording of fluids offered over a twenty-four hour period. This was discussed with the manager and an area of improvement was identified.

Discussion with the registered nurse on the first floor and review of two patients' repositioning records, evidenced that they had been completed in a comprehensive, accurate and contemporaneous manner.

#### **6.2.4 Governance and management**

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 and patients 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.

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.

Review of one staff recruitment file evidenced that it was not satisfactorily maintained. Records showed that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work. However, it was noted that there was no evidence recorded in the recruitment file or in the monthly Nursing and Midwifery Council (NMC) audit that the staff member was registered with the (NMC). This was discussed with the manager who checked immediately with (NMC) and advised that the staff member was registered. An area of improvement was identified.

A review of records confirmed that a process was in place to monitor the registration status of care staff with the Northern Ireland Social Care Council (NISCC).

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 2020 evidenced that staff had attended training regarding moving and handling, adult safeguarding, dementia awareness, infection prevention and control (IPC), first aid and fire training.

Accidents/incidents records were reviewed from 4 to 9 September 2020 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of records from 22 September to 15 October 2020 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence 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.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

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

### Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, the use of personal protective equipment (PPE), in relation to the cleanliness of the environment and the personalisation of the patients' bedrooms. Good practice was found regarding adult safeguarding, risk management, management of accidents/incidents and communication between patients, staff and other professionals.

### Areas for improvement

Two areas requiring improvement were identified in relation to the registration of nursing staff with the Nursing and Midwifery Council (NMC) and the recording of patient fluid intake charts.

	Regulations	Standards
Total number of areas for improvement	1	1

## 6.3 Conclusion

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 regarding the use of personal protective equipment. Measures had been put in place in relation to infection prevention and control, to keep patients, staff and visitors safe in order to adhere to the Department of health and the Public Health Agency guidelines.

Good practice was observed during the inspection in relation to maintaining good working relationships.

Correspondence received on 17 November 2020 from Sharon Troughton, manager, advised that the faulty soap dispenser in the visitors' toilet on the ground floor, has been replaced.

Further correspondence from the manager on 4 December 2020 advised that the door numbers and door furniture in Moss Rose Suite have been replaced after bedroom doors had been painted in order to help promote patient orientation.

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

## 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	The registered person shall ensure that staff are recruited in accordance with relevant statutory employment legislation and mandatory requirements and that registration with an appropriate professional body is checked and documented prior to commencement of employment.  Ref: 6.2.4
	<b>Response by registered person detailing the actions taken:</b> Staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements including confirmation of professional and vocational qualifications , registration status with NMC,NISCC and any other relevant regulatory body prior to commencement of employment
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	The registered person shall ensure that care records in relation to patient fluid intake charts, are completed accurately and contemporaneously at all times.  Ref: 6.2.3
	<b>Response by registered person detailing the actions taken:</b> Supplementary care records specifically fluid intake charts are being completed accurately and in a timely manner. Supervisions have been completed with care assistants on the recording of fluid intake .

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



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