



# Unannounced Follow Up Care Inspection Report 28 February 2019



## Brooklands Healthcare Kilkeel

**Type of Service: Nursing Home (NH)**  
**Address: 10 Newry Road, Kilkeel, BT34 4DT**  
**Tel No: 0284176 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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 48 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Brooklands Healthcare Ltd  <b>Responsible Individual:</b> Therese Elizabeth Conway	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Sharon Troughton	<b>Date manager registered:</b> Sharon Troughton – acting no application required
<b>Categories of care:</b> 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. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD(E) – Learning disability – over 65 years.	<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.

### 4.0 Inspection summary

An unannounced inspection took place on 28 February 2019 from 10.00 to 16.00.

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. 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.

Evidence of good practice was found in relation to staffing, training, adult safeguarding, risk management, record keeping, the home's environment and communication between residents, staff and other professionals. Systems were in place in relation to governance arrangements, management of complaints and incidents and quality improvement.

Areas requiring improvement were identified regarding the adherence to best practice in infection prevention and control and in relation to the confidentiality of patient information.

Patients spoken with during the inspection stated they were content and comfortable in their surroundings. Patients spoke positively regarding their experience of living in the home during the inspection. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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>	0	3

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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 24 July 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 24 July 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent 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 which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with six patients, small groups of patients in the first floor dining room, four patients' relatives and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered 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 rota for all staff from 15 February to 1 March 2019
- incident and accident records
- four patient care records
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 24 July 2018**

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 24 July 2018

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 27 <b>Stated:</b> First time	The registered person shall ensure that the identified shower room is renovated and made fit for purpose.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of the identified shower room confirmed it has been renovated and made fit for purpose. This area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that instructions contained in one identified care record are adhered to.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the staff nurse and review of the identified care record evidenced that instructions have been adhered to. This area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time	The registered person shall ensure that stairwells and behind handrails are kept clean.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of stairwells and behind hand rails throughout the home evidenced that they have been cleaned. This area for improvement has been met.	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time	The registered person shall replace all broken pedal bins and rust damaged commodes.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of pedal bins and commodes throughout the home evidenced that they have been replaced. This area for improvement has been met.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time	The registered person shall review the daily activity programme to ensure that the activities on offer are flexible responsive and varied to suit the patients expectations preferences and capacities.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and activity therapist and observation of the activity calendar displayed in the foyer of the home, confirmed that the activities on offer are flexible responsive and varied to suit the patients expectations preferences and capacities. This area for improvement has been met.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

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 rota from 15 February to 1 March 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

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.

Staff spoken with 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; we had no responses 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.

Four relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires; we had no responses within the timescale specified.

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.

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. The registered individual is identified as the safeguarding champion.

Review of four patients' 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 accidents/incidents records from 28 January to 23 February 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. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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. It was noted that a mirror was sitting on the floor, against the wall in the first floor visitor's room. This was discussed with the manager and identified as a potential risk to the safety of patients. The manager removed it immediately. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

It was observed that a number of wheelchairs, hoists, toilet frames and patients' walking aids in the home were not effectively cleaned. This was discussed with the manager and an area for improvement was identified.

On observation of an identified bathroom it was noted that three hoist slings were inappropriately stored on the floor in the corner of the room. This was discussed with the manager and an area of improvement was identified.

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. The manager had an awareness of the importance to monitor the incidents of HCAI's and when antibiotics were prescribed.

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.

### Areas of good practice

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

### Areas for improvement

Two areas for improvement were identified in relation to ensuring wheelchairs, hoists, toilet frames and patients' walking aids in the home are effectively cleaned and that equipment is stored appropriately in order to adhere to best practice in infection prevention and control.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.5 Is care effective?

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

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of blood glucose levels. Care records 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.

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 changed.

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 registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

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

Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the manager.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, evaluation of care plans and communication between residents, staff and other professionals.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 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.**

We arrived in the home at 10.00 and were greeted by staff who were helpful and attentive. Staff were responding to patient's needs and requests promptly and cheerfully. Patients were observed in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. It was noted that patients' names on the weekly weight and shower list were displayed on the notice board near the nurses station (A team) on the first floor. It is important that patients' human rights are respected in regards to confidentiality. An area for improvement was identified.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity therapist said, "I love chatting to the residents. It's rewarding when an activity goes well and I see that the residents have enjoyed it. We are planting a spring garden on the first floor at present and every Thursday we attend a memories café that the Alzheimers Society runs locally."

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 signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal in the first floor (A team) dining room. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was 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.

Two patients said,  
"Lunch is very nice."  
"I always enjoy the food here."

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

"Thank you from the bottom of our hearts for everything you do. The love and care she received we cannot thank you enough."

"We would like to thank the staff and management of Brooklands Nursing Home for the care and kindness they showed to Mum. Absolutely outstanding each and everyone in it."

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.

Two patients said,  
"The staff are marvellous. I can't say a word about them."  
"I'm looked after well and the food's good."

Questionnaires were provided for patients and their representatives across the four domains of safe, effective, compassionate and well led care. We had no responses within the timescale specified.

Two relatives said,

"I've no concerns. They provide very good care."

"The level of care on a day to day basis is of a high standard. The way the staff approach the residents is great and the care's provided with love."

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

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the 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, dignity and privacy, and the patient dining experience.

## Areas for improvement

An area for improvement in relation to patients' confidentiality was identified.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.7 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 a change in management arrangements. RQIA were notified appropriately. 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.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The service collected data on service users and the manager was advised of the role of the Equality Commission for Northern Ireland and the availability of guidance on best practice in relation to collecting data.

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

Discussion with the manager and review of records 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.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 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 DHSSPS 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 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 46  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	<p>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.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Schedule in place for daily decontamination of wheelchairs, hoists, toilet frames and walking aids. Registered Manager undertakes weekly decontamination audit and monthly Infection, prevention and control audit..</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	<p>The registered person shall ensure that equipment is appropriately stored to minimise the risk of infection for staff and patients.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Equipment is appropriately stored in individual residents' rooms or relevant storage cupboards.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 5  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	<p>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.</p> <p>Ref: Section 6.6</p> <p><b>Response by registered person detailing the actions taken:</b>            Residents' personal information has been removed from notice boards to protect confidentiality, human rights and in line with GDPR.</p>

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



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