

Unannounced Care Inspection Report

03 May 2016



Brooklands

Address: 10 Newry Road, Kilkeel, BT34 4DT

Tel No: 028 4176 4968

Inspector: Donna Rogan

1.0 Summary

An unannounced inspection of Brooklands Kilkeel Care Home took place on 3 May 2016 from 10:00 to 16:30.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence of positive outcomes for patients through the competent delivery of safe care. Recruitment and induction practices were evidenced to be well managed and there was evidence of appropriate management of staff registration with their various professional bodies. Staffing levels were well maintained and reflected the dependency levels of patients.

Staff training was well maintained, however there are a number of volunteers working in the home and it is recommended that training should be provided to them commensurate with their role. Records of induction and competency and capability assessments should also be signed in keeping with best practice.

Two recommendations are made in relation to the management of staff induction and competency and capability assessments of staff and in the training of volunteers.

Is care effective?

There was evidence of good delivery of care with positive outcomes for patients. The three care records reviewed all required improvement. Audits of care records are being conducted, however, the necessary actions are not being followed up by the auditor. Two requirements are made in this regard. One recommendation is made to introduce a dementia strategy in the home to ensure staff training and the environment in the dementia area meets best practice.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. All patients spoken with were complementary regarding the staffs' attitude and attentiveness to detail. Patients were very complimentary of staff.

There were some comments made by staff patients and their representatives which should be considered by the manager and actioned if necessary. A recommendation is made in this regard.

Is the service well led?

A number of deficits in the management and governance were identified in the three previous domains. Attention to these areas will demonstrate effective leadership and create a culture which it focused on the needs and experiences of the patients.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	4

Details of the QIP within this report were discussed with Wendy McGarrell, Clinical Governance Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicine management inspection undertaken on 11 January 2016.

Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

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

2.0 Service details

Registered organisation/registered person: Brooklands Healthcare Ltd Therese Elizabeth Conway (Acting) Jarlath Conway (long term absence)	Registered manager: Deborah Campbell
Person in charge of the home at the time of inspection: Amy Estrada, nursing sister	Date manager registered: 24 August 2012
Categories of care: NH-PH, RC-I, NH-LD(E), NH-MP(E), NH-LD, NH-PH(E), RC-DE, NH-DE, NH-I, NH-MP 57 Total 34 NH-PH (E) 1 NH-MP (E) 13 NH-DE 1 NH-MP (E) 9 RC-DE	Number of registered places: Total 57

3.0 Methods/processes

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

Prior to inspection the following information was 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, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with 20 patients both individually and in small groups, five care staff, two registered nurses, two patient's representatives and one visiting professional.

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
- accident and incident records
- notifiable events
- audits
- records relating to Adult Safeguarding
- complaints records
- recruitment and selection records
- NMC and NISCC registration records
- staff induction, supervision and appraisal records
- staff, patients' and relatives' meetings
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- policies and procedures
- quality review for year ending March 2016

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 11 January 2016

The most recent inspection of Brooklands, Kilkeel was an unannounced medicines management inspection on 11 January 2016. The completed QIP was returned and approved by the medicines management inspector.

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

4.2 Review of requirements and recommendations from the last care inspection dated 29 August 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 2 (c) Stated: First time To be Completed by: 13 November 2015	The registered persons shall ensure that a refurbishment plan is prepared. The timescales as to when the furniture is planned to be replaced should be forwarded to RQIA alongside the returned QIP.	Met
	Action taken as confirmed during the inspection: The refurbishment plan was forwarded to RQIA in the returned QIP. A list of the works completed since the last care inspection was provided alongside an updated refurbishment plan.	
Requirement 2 Ref: Regulation 15 2 (b) Stated: First time To be Completed by: 13 November 2015	Ensure the identified care record is updated to reflect their current needs.	Met
	Action taken as confirmed during the inspection: Following discussion with the nursing sister it was confirmed that the identified care plan was updated following the previous inspection.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 32 Stated: First time To be Completed by: 30 November 2015	The registered persons shall ensure that the identified a registered nurse who has agreed to undertake the role of palliative link nurse for the home will attend formal training.	Met
	Action taken as confirmed during the inspection: A review of training records evidenced that training has been provided to staff in palliative care during the previous year.	

4.3 Is care safe?

There were safe systems in place for the recruitment and selection of staff. A review of two personnel files evidenced that they were reviewed and checked by the registered manager. Where registered nurses and carers were employed, their personal identification numbers (pin) were checked with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC), to ensure that they were suitable for employment. Staff consulted stated that they had only commenced employment once all the relevant checks had been completed. The review of recruitment records evidence that enhanced criminal records checks were completed with AccessNI and a register was maintained which included the reference number and the date received.

There was evidence that new staff completed an induction programme to ensure they developed their required knowledge to meet the patients' needs. It is recommended that the induction record is signed by the inductor and that the member of staff is confirmed as being competent. Staff consulted with confirmed that they received an induction which included shadowing experienced staff until they felt confident to care for the patients unsupervised. Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and this was kept up to date. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with a volunteer in the home evidenced that they had not received any formal training to commensurate with their role in the home. A recommendation is made in this regard.

A review of staff training records confirmed that staff completed training on basic life support, medicines management, control of substances hazardous to health, fire safety, infection control, moving and handling and adult safeguarding. Compliance with training was monitored by the registered manager and this information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Home Regulation (NI) 2005. As stated under effective care in section 4.4 a recommendation is made regarding formal training in dementia care.

Discussion with the clinical governance manager and staff confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through supervision, competency and capability assessments and annual appraisals. As stated with regards to the induction records it recommended that the competency and capability assessments are dated and signed by the assessor when completed.

The clinical governance manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota commencing 25 April 2016 evidenced that the planned staffing levels were adhered to.

The clinical governance manager confirmed that the registered manager was working on the rota on night shift on 2 and 3 May 2016 in order to fill staff vacancies. It was confirmed that management were experiencing difficulties in recruiting registered nursing staff in the area. Staff also discussed this issue as being problematic, however stated that they strived to ensure all vacancies were covered by staff employed in the home. Staff confirmed that there was a protocol in place to acquire agency staff if necessary. Discussion with patients raised no concerns regarding staffing levels. Staff comments can be viewed in section 4.5.

Staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings. Staff spoken with were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that any potential safeguarding concerns are managed appropriately and in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were appropriately notified.

Discussion with the clinical governance manager confirmed that a range of audits were conducted on a regular basis. However improvement is required regarding the auditing of care records (refer to section 4.4 for further detail). A sample audit for falls confirmed the number, type, place and outcome of falls. This information was analysed to identify patterns and trends, on a monthly basis. An action plan was in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29, of the Nursing Homes Regulation (NI) 2005. Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous inspection, confirmed that these were appropriately managed.

A general tour of the home was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. Infection prevention and control measures were adhered to and equipment was stored appropriately.

Areas for improvement

There were two recommendations made in relation to the management of induction, competency and capability assessments and the training of volunteers.

Number of requirements	0	Number of recommendations:	2
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4.4 Is care effective?

Three care records were reviewed. The review evidenced that the personal emergency evacuation plan in one care record had not been updated following a change in circumstance regarding a patient's mobility requirements. The body map in the same care record was not updated, and the type of dressing in use for a wound was not recorded. There was no on-going wound chart in place. Another care record evidenced that a care plan was not in place for a patient following admission to the home for a period of 22 days. There was conflicting information in relation to the consistency of how another patient's fluids were to be managed. The care plan had not been updated to reflect the outcome of an assessment completed by registered nursing staff. There was no evidence on file that a speech and language therapist or dietician had been consulted following this assessment.

There was evidence that care records were subject to regular auditing, however, there was no action plan in place to address the issues identified and there was no evidence that the outcome of the audit had been shared by the named nurse. One care plan had been observed to be audited on 22 September 2015 and again was re-audited on 22 April 2016. The audit evidenced that the issues raised on 22 September 2015 had still not been addressed.

A requirement is made to ensure that the issues raised in relation to the care planning process are reviewed and that the identified records are updated and actioned in accordance with Nursing and Midwifery Council (NMC) guidelines. A further requirement is made that the registered manager should review the auditing system of care records. A tracking process should be implemented to ensure that any issues identified via the audit are actioned. Audits should contain evidence of an action plan and identify a timescale for which the actions are to be addressed. The audits should also be signed and dated when they are satisfactory updated.

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

Personal care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records evidenced that patients were repositioned according to their care plans and a sampling of food and fluid intake charts confirmed that patients' fluid intake had been monitored.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and it provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective. Discussion with the nursing sister confirmed that staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The most recent staff meeting for registered nursing staff was held on 21 March 2016. 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 their line manager and /or the registered manager.

Discussion with the registered manager and review of records evidenced that patient and/or relatives meetings were held on a regular basis and records were maintained. The clinical governance manager stated that the registered manager operates an open door policy in the home and is available for patients and their representatives whenever possible.

Discussion was held with the clinical governance manager regarding the dementia strategy in the home. It was confirmed that there was no formal strategy in place and that there were no formal arrangements in place to regularly update staff in terms of their training or practice. It is recommended that a dementia strategy is put in place to ensure staff receives regular up to date training and that there is evidence that a dementia environmental audit is completed at least annually to ensure the dementia units are in keeping with best practice guidelines.

Areas for improvement

Two requirements are made in relation to care planning and auditing of care records. One recommendation is made in relation to developing a formal dementia strategy.

Number of requirements	2	Number of recommendations:	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 12 patients individually and with others in smaller groups, confirmed that they were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff consistently used their preferred name and that staff spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients stated that they were involved in decision making about their own care and that they were offered choices at mealtimes and throughout the day.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients identified as being unable to verbalise their feelings were communicated effectively with and if additional support was required, they would get this from the registered nursing staff.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Staff supported patients to maintain friendships and socialise within the home. Discussion with staff also confirmed that the opportunities for patients to attend external activities were frequently provided. There was evidence of a variety of activities in the home and discussion with patients confirmed that they were given a choice with regard to what they wanted to participate in. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. On the evening of the inspection a fashion show had been arranged. There were various displays around the home of patients' participation in activities. Excellent arrangements were in place to structure patients' day and to provide a wide range of stimulation and recreation.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. Views and comments recorded were analysed and areas for improvement were acted upon. An annual quality survey is conducted on an annual basis and the outcomes and actions are shared with patients and their representatives.

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

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

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

Staff

- “One to one meetings, office is always open and manager is approachable”
- “Due to staffing difficulties patients may have to wait longer than usual at times”
- “Team meetings are held three monthly”
- “Satisfied that patients are afforded privacy, dignity and respect at all times”
- “Patients do not always receive care at the right time”
- “I feel that care is not always as prompt as it should be”

Two staff members commented on the impact of the amount of paperwork they were required to complete, stating that they felt that they had little time to spend talking with the patients. This matter was brought to the attention of the clinical governance manager who agreed to address these concerns with the staff.

Patients

- “Care is excellent”
- “I can talk with staff they are approachable and friendly”
- “I feel very safe here”
- “I do not know the manager”
- “The service is well managed”
- “My care needs are being met”
- “I have no complaints”

Discussions were held with approximately 20 patients both individually and in groups. Patients spoken with were positive regarding the care they were receiving all were complementary of the staff and were highly complementary regarding the food served. There were no issues raised during the inspection by patients.

Patients' representatives

- "My relative is receiving excellent care"
- "Excellent opportunities in for me to be involved in planning my relatives care"
- "Staff treats my relative with dignity and respect"
- "The home is well managed"
- "Very satisfied that staff take appropriate action if my relatives condition changes"
- "I am made to feel very welcome here"
- "Sometimes it appears that staff are very busy"
- "I do not know the manager"

During the inspection two relatives were spoken to they were very positive regarding all aspects of care. There were no issues raised.

Visiting professional

One visiting professional informed the inspector that in their opinion the home was well managed, that their instructions and guidance were always adhered to. They stated that the manager was approachable and that they saw that they home was well improved and they were confident that all their instructions are carried out.

A recommendation is made that the registered manager should consider the comments made by staff patients and relatives and that action is taken as required.

Areas for improvement

One recommendation is made in relation to comments made by staff, patients and relatives.

Number of requirements	0	Number of recommendations:	1
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4.6 Is the service well led?

Discussion with the clinical governance manager and staff evidenced that there was a clear organisational structure within the home. Staff consulted with confirmed that they had been given a job description on commencement of employment and were able to describe their roles and responsibilities. There was a system in place to identify the person in charge of the home, in the absence of the registered manager.

Discussion with the clinical governance manager and observation of patients evidenced that the home was operating within its registered categories of care. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

The clinical governance manager confirmed that the policies and procedures for the home were systematically reviewed at least on a three yearly basis. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the registered manager was. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Discussion with the clinical governance manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, there was evidence that the registered manager completed the following audits:

- falls
- wound management
- medicines management
- care records
- infection prevention and control
- environment audits
- complaints
- health and safety
- bedrails

Audits were observed to be conducted in keeping with best practice with the exception of the care records as previously discussed in section 4.4.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the registered manager and review of records evidenced that Regulation 29, of the Nursing Homes Regulations (Northern Ireland) 2005, monthly monitoring visits were completed in accordance with the regulations and/or care standards and copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement. Discussion with the manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

Areas for improvement

Some areas for improvement have been identified in the management of safe, effective and compassionate care and improvements are required to enhance the overall services provided, the experience of service users and leadership within the home.

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

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Wendy McGarrell, Clinical Governance 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.

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 15</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered persons must ensure that the issues raised in section 4.4 in relation to the care planning process are reviewed and that the identified records are updated and actioned in accordance with Nursing and Midwifery Council (NMC) guidelines.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered person detailing the actions taken: The identified records have been updated and actioned in accordance with NMC guidelines. These are audited as part of the home's governance system.</p>
<p>Requirement 2</p> <p>Ref: Regulation 12 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered persons must review the auditing system of care records. A tracking process should be implemented to ensure that any issues identified via the audit are actioned. Audits should contain evidence of an action plan and identify a timescale for which the actions are to be addressed. The audits should also be signed and dated when they are satisfactorily updated.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered person detailing the actions taken: A tracking system is in use which allows the manager to follow up on any actions that need to be addressed as a result of the care plan audits. The audits are signed and dated when actions have been satisfactorily addressed.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 42</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<p>The registered manager should review the roles of volunteers in the home to ensure they receive training commensurate with their role.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered person detailing the actions taken: Volunteers are now included in our E-learning facility and invited to attend training that is relevant to their role.</p>
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Recommendation 2 Ref: Standard 35.13 Stated: First time To be completed by: 30 June 2016	<p>The registered manager should ensure that the induction record is signed by the inductor and that the member of staff on induction is confirmed as being competent.</p> <p>The registered manager should ensure that the competency and capability assessments are dated and signed by the assessor when completed.</p> <p>Ref: Section 4.3</p> <p>Response by registered person detailing the actions taken: Induction records are signed by the inductor and during the one month review the manager will confirm whether the staff member is competent. Competency and capability assessments are signed and dated by the assessor.</p>
Recommendation 3 Ref: Standard 25 Stated: First time To be completed by: 30 August 2016	<p>The registered manager should ensure that a dementia strategy is implemented to ensure staff receives regular up to date training and that there is evidence that a dementia environmental audit is completed at least annually to ensure the dementia units are in keeping with best practice guidelines.</p> <p>Ref: Section 4.4</p> <p>Response by registered person detailing the actions taken:</p>
Recommendation 4 Ref: Standard 25 Stated: First time To be completed by: 30 June 2016	<p>The registered manager should consider the comments made by staff patients and relatives and if any action necessary is taken.</p> <p>Ref: Section 4.5</p> <p>Response by registered person detailing the actions taken: The volume of resident care charts will be reviewed and discussed with staff at the next scheduled staff meeting.</p>

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