

Unannounced Care Inspection Report 21 April 2017



Brooklands

Type of service: Nursing Home
Address: 10 Newry Road, Kilkeel, BT34 4DT
Tel no: 028 4176 4968
Inspector: Donna Rogan

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Brooklands Nursing Home took place on 21 April 2017 from 10.00 to 16.30 hours.

The inspection sought to assess progress with any issues raised during and 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.

Is care safe?

Relevant checks were conducted within the recruitment process prior to two staff members commencing in post. RQIA were suitably informed of notifications under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. A safe system for monitoring compliance with mandatory training was in place. However statistics evidenced that only 62% of all staff had attended mandatory training in accordance with the homes policies. A requirement is made that all staff are appropriately trained in line with their roles and responsibilities. Compliance with best practice in infection prevention and control was well maintained. A redecoration programme is in place. A recommendation is made to ensure the redecoration programme is followed as planned and to address the malodour in the identified bedroom. The dependency of patients on the first floor was observed to be particularly high. A recommendation is made that the registered manager continues to monitor the dependency and staff in this unit and ensure staff are suitably deployed and that numbers and skill mix of staff are maintained in keeping with patients' needs.

Is care effective?

Risk assessments had been conducted and informed subsequent care plans. Staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. There was evidence of engagement with patients' representatives. However, the last residents' meeting was held on 16 April 2016. Staff also commented that they felt they would benefit from individual staff meetings for their grades. Two recommendations were made in this domain; one is in relation to body maps in patients care records being kept up to date. The other is in relation to ensuring individual staff meetings are held with each team grade and patients' meetings are regularly held.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report. A recommendation is made that the registered manager should consider the comments made by staff and patients and action them as necessary.

Is the service well led?

Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display. Complaints received had been managed appropriately and systems were in place to monitor the quality of nursing. There were no requirements or recommendations made in this domain.

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	1	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Paula Truesdale, Nursing Sister, and Deborah Campbell, Registered Manager, by telephone following the inspection. 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 26 January 2017. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of 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 Conway (acting)	Registered manager: Deborah Campbell
Person in charge of the home at the time of inspection: Paula Truesdale, 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	Number of registered places: 57

3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 previous care inspection report and the returned QIP
- pre inspection assessment audit

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Ten patient, ten staff and eight patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- four patient care records
- staff training records
- staff induction template
- complaints records
- incidents/accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota for the period 14 April to 28 April 2017

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 January 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

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

4.2 Review of requirements and recommendations from the last care inspection dated 3 May 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 15 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of five care records evidenced that the issues raised during the previous care inspection were addressed. The records reviewed had been updated and actioned in accordance with NMC guidelines.	
Requirement 2 Ref: Regulation 12 (1) (b) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The system for auditing care records has now been reviewed. A tracking process is in place and areas identified are actioned as required. The audits were dated and signed when the actions have been addressed.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 42 Stated: First time	The registered manager should review the roles of volunteers in the home to ensure they receive training commensurate with their role.	Met
	Action taken as confirmed during the inspection: The roles of the volunteer have been reviewed and they are now taking the relevant training commensurate with their roles.	

<p>Recommendation 2</p> <p>Ref: Standard 35.13</p> <p>Stated: First time</p>	<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>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of two induction records and two competency and capability assessments evidenced that they were signed by the inductor as being competent and the competency assessments are also signed as completed by the assessor.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 25</p> <p>Stated: First time</p>	<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>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of the dementia units evidenced that a dementia strategy has been implemented. Staff spoken with has received up to date training. Two members of staff have received dementia champion training and one member of staff is on the healthcare trust dementia strategy group.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 25</p> <p>Stated: First time</p>	<p>The registered manager should consider the comments made by staff patients and relatives and if any action necessary is taken.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The issues raised were addressed at the subsequent meetings arranged following the previous care inspection. Minutes of the discussions held were retained.</p>		

4.3 Is care safe?

The nursing sister 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 27 March to 9 April 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients and their representatives in the dementia units evidenced that there were no concerns regarding staffing levels. However, two residents and staff raised concerns regarding staffing levels on the frail elderly unit on the first floor. Two patients expressed concerns that they were waiting a long time on a staff member to provide assistance with personal care. The dependency on this floor was observed to be quite high with at least 12 patients being nursed in bed. Staff spoken with confirmed that they felt, "under pressure" to fulfil the morning routine in a timely way. This was discussed during feedback with the nursing sister and by telephone with the registered manager following the inspection. The registered manager agreed to review the dependency levels in this unit and review the staffing numbers and skill mix and following the review will adjust or redeploy staff in keeping with patients' needs. A recommendation is made in this regard.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. An induction booklet was completed and signed by the new employee and the staff member responsible for completion of the induction.

Discussion with the nursing sister and review of training records evidenced that a system was in place to monitor staff attendance at mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. However, only 62% of staff had received their mandatory training. A requirement is made that all staff complete their required training in keeping with their roles and responsibilities.

Competency and capability assessments of the nurse in charge of the home in the absence of the registered manager had been appropriately completed.

Staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the nursing sister confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process.

Review of notifications forwarded to RQIA from 30 May 2016 confirmed that these were appropriately managed. Accidents and incidents were reviewed monthly to identify any potential patterns or trends. A review of the accident records and audits evidenced that accidents were being appropriately managed.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Many of the patients' bedrooms and communal areas had been redecorated. However a number of bedrooms on the first floor still required redecoration. Discussion with the registered manager by telephone confirmed that a redecoration programme is in place and a number of bedrooms on the first floor have been identified as requiring to be redecorated.

A recommendation is made to ensure that the redecoration plan is implemented within the set timescales and to address the malodour in the identified bedroom. A copy of the redecoration/refurbishment plan should include timescales and should be forwarded to RQIA with the returned QIP.

All areas in the home were observed to be clean and tidy. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were generally well maintained.

Areas for improvement

A requirement is made to ensure staff receives their mandatory training in keeping with their roles and responsibilities. A recommendation is made to review the dependency levels in the frail elderly unit and adjust or redeploy staff in keeping with patients’ needs. A recommendation is also made to ensure that the redecoration plan is implemented within the set timescales.

Number of requirements	1	Number of recommendations	2
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4.4 Is care effective?

A review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly.

All of the records reviewed had several assessments completed by allied health professionals and they were formulated as part of the care planning process. There was sufficient evidence in place to confirm that the advice provided by allied health professionals had been adhered to. One allied health care professional consulted with confirmed that their instructions were usually always adhered to.

The review of care records evidenced that registered nurses assessed, planned and evaluated care in accordance with NMC guidelines. One issue was raised in relation to information observed in the body map records. The most up to date information was not recorded and information no longer relevant was included. A recommendation is made in this regard.

Staff demonstrated an awareness of the importance of contemporaneous record keeping. A review of 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 discussions at the handover provided the necessary information regarding any changes in patients’ condition.

Discussion with staff also confirmed that there was effective teamwork; each staff member knew their role, function and responsibilities. General staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. Staff spoken with stated that they would benefit from individual staff meetings for each grade.

A patients meeting has not been held since 16 April 2016. A recommendation is made that individual staff meetings are held with each grade of staff and that patients meetings are regularly held. All staff consulted with confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. Patients and representatives spoken with were confident in raising any concerns they may have with the staff and/or management.

Areas for improvement

It is recommended that body map records are maintained up to date. A recommendation is also made that meetings are held with individual staff grades and patients meetings are held regularly.

Number of requirements	0	Number of recommendations	2
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4.5 Is care compassionate?

Three registered nurses, six carers and two ancillary staff members were consulted to ascertain their views of life in Brooklands. Staff confirmed that when they raised a concern, they were happy that the home's management would take their concerns seriously. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Eight of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments made during the inspection and comments in the returned questionnaires were as follows:

"I like working here and I enjoy the work."

"It's good here. Really improved."

"The work is hard but very rewarding."

"We are provided with training."

"There are regular meetings."

"I feel online training does not give enough information, it should be more hands on."

"We can be understaffed at times."

"Would like more training on dementia."

"More cleaning required after 6.30pm."

"There are regular staff meetings, however we need individual meetings for different grades of staff."

Twenty five patients were consulted both individually and in small groups. 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. Ten patient questionnaires were left in the home for completion. Two of the questionnaires were returned in time for comments to be included in the report.

Some patient comments made during the inspection and in the returned questionnaires were as follows:

"I am happy here."

"The food is good."

"The care is good and staff are kind and thoughtful."

"I cannot complain about a thing."

"Sometimes we have to wait to be taken to the toilet"

"Very satisfied with everything."

"The staff are very good, they work very hard."

"Sometimes staff are too busy to chat with me."

Three patient representatives were consulted with on the day of inspection. Eight relative questionnaires were left in the home for completion. Six of the questionnaires were returned.

Some relatives' comments received during the inspection and in the returned questionnaires were as follows:

"It's lovely in here. The place is very clean."

"I am very satisfied."

"The care is absolutely fantastic."

"Staff always make us feel welcome."

"Everyone is very friendly."

"I feel I am kept well informed."

"Staff are very kind and compassionate."

A recommendation was made that the above comments made by staff and relatives are considered by the registered manager and any actions necessary are taken.

Staff interactions with patients were observed to be compassionate, caring and timely. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

The serving of lunch was observed in the main dining rooms upstairs and downstairs. Lunchtime commenced at 12.30 hours. Most patients were seated around tables which had been appropriately laid out for the meal. Food was served from hot food trolleys when patients were ready to eat or be assisted with their meals. Food appeared nutritious and appetising. A menu was on display on the wall of the dining rooms reflecting the food served. The mealtime was well supervised. Staff were observed to encourage patients with their meals. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. Patients were observed to be assisted in an unhurried manner. Condiments were available on tables and a range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

Areas for improvement

It is recommended that the comments made by staff, patients and their representatives are reviewed and actioned as necessary.

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

Discussion with the nursing sister and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the nursing sister evidenced that the home was operating within its registered categories of care.

Discussion with the nursing sister and a review of the home's complaints records 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. The complaints procedure was displayed at reception. It was confirmed that any learning gained from complaints was discussed during staff meetings.

Compliments received were displayed on various notice boards throughout the home.

Some examples of compliments were displayed as follows:

“We want to thank all of you for the loving care given to”

“Thank you for the all the care given to ... whilst in Brooklands.”

Discussion with the administrator and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, monthly audits were completed in accordance with best practice guidance in relation to wound analysis, care records, accidents, complaints and infection prevention and control. The registered manager completed an action plan to address identified shortfalls within audits. There was evidence within infection prevention and control and care record auditing records that the action plans had been reviewed to ensure completion. There was also evidence that the regional manager overseen the auditing arrangements in the home.

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

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated within the report to address any areas for improvement and a review of the previous action plan was included within the report. The administrator confirmed that copies of the reports were made available for patients, their representatives, staff and trust representatives upon request.

Areas for improvement have been identified in the safe, effective and compassionate domains with regard to training, the environment, dependency/redeployment of staff, the information on body map records, and provision of staff and patients’ meetings. Compliance with the one requirement and five recommendations will further drive improvements in these domains.

Areas for improvement

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

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Paula Truesdale, Nursing Sister, and were discussed via telephone following the inspection with the registered manager, Deborah Campbell, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The 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 provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 20 (1) (c) (iii) Stated: First time To be completed by: 30 June 2017	<p>The registered provider must ensure staff receives their mandatory training in keeping with their roles and responsibilities.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: Dates have been scheduled for outstanding practical mandatory training. Regular audits are conducted by the Home Manager on the completion of mandatory e-learning courses.</p>
Recommendations	
Recommendation 1 Ref: Standard 41 Stated: First time To be completed by: 30 June 2017	<p>The registered provider should review the dependency levels in the frail elderly unit and adjust or redeploy staff in keeping with patients' needs.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: Review of dependency levels completed and staffing levels reconcile with levels of patients needs identified. Dependency levels are reviewed on a regular basis</p>
Recommendation 2 Ref: Standard 44 Stated: First time To be completed by: 30 October 2017	<p>The registered provider should ensure that the redecoration plan is implemented within the set timescales and address the malodour in the identified bedroom. A copy of the redecoration/refurbishment plan should include timescales and should be forwarded to RQIA with the returned QIP.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: The malodour has been addressed in the identified room. A redecoration plan is in place to identify areas needing immediate attention</p>
Recommendation 3 Ref: Standard 4 Stated: First time To be completed by: 30 May 2017	<p>The registered provider should ensure body map records are maintained up to date.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: Supervision has been completed with all staff nurses and senior care assistants in relation to maintaining up to date body map records</p>
Recommendation 4 Ref: Standard 35 Stated: First time	<p>The registered provider should ensure that meetings are held with individual staff grades and patients meetings are held regularly.</p> <p>Ref: Section 4.4</p>

To be completed by: 30 June 2017	Response by registered provider detailing the actions taken: A schedule of meetings for staff grades and patients is in place and are regularly conducted.
Recommendation 5 Ref: Standard 7 Stated: First time To be completed by: 30 June 2017	The registered provider should ensure comments made by staff, patients and their representatives are reviewed and actioned as necessary. Ref: Section 4.5 Response by registered provider detailing the actions taken: The comments made by staff, patients and their representatives have been reviewed and appropriate action taken.

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



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