

Announced Premises Inspection Report 18 October 2016



Brooklands

Type of Service: Nursing Home
Address: 10 Newry Road, Kilkeel, BT34 4DT
Tel No: 028 4176 4968
Inspector: K. Monaghan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Brooklands took place on 18 October 2016 from 10:30hrs to 14:00hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the nursing home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered provider. Reference should be made to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. However one issue was identified for attention by the registered provider. Reference should be made to section 4.4.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. However one issue was identified for attention by the registered provider. Reference should be made to section 4.6.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs. Deborah Campbell, Registered Manager and Mr. Oliver Monaghan, who is responsible for the ongoing maintenance of the premises, 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 premises inspection on 11 March 2014

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection on 11 March 2014.

2.0 Service Details

Registered organisation/registered provider: Brooklands Healthcare Ltd / Ms. Therese Elizabeth Conway (Acting)	Registered manager: Mrs. Deborah Campbell
Person in charge of the home/establishment/agency at the time of inspection: Mrs. Deborah Campbell, Registered Manager	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 this premises inspection, the following records were reviewed:

- The report for the previous premises inspection on 11 March 2014
- The statutory notifications over the past 12 months
- The concerns log.

During this premises inspection discussions took place with the following people:

- Mrs. Deborah Campbell, Registered Manager
- Mr. Oliver Monaghan, who is responsible for the ongoing maintenance of the premises.

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The legionella bacteria risk assessment report
- The fire risk assessment report.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 03 May 2016

The most recent inspection of this nursing home was an unannounced care inspection IN024571 on 03 May 2016. The completed QIP for this inspection was returned to RQIA on 21 June 2016. This QIP has still to be approved by the care inspector. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 11 March 2014

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q) Stated: Second time	The frequency for flushing infrequently used water outlets should be increased to twice weekly.	Met
	Action taken as confirmed during the inspection: There is a procedure in place for flushing the infrequently used water outlets twice each week for five minutes. The records presented for review during this premises inspection indicated that this was last done on 12 and 17 October 2016.	
Requirement 2 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q) Stated: Second time	The action plans in the reports for the legionella bacteria risk assessments should be signed off by the registered manager as each of the issues identified for attention is addressed.	Met
	Action taken as confirmed during the inspection: It was confirmed that the issues included in the action plan for the legionella risk assessment had been completed. It was agreed that Mrs. Campbell would now sign off this action plan as complete.	

Last care inspection statutory requirements		Validation of compliance
Requirement 3 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q) Stated: First time	A check should be carried out to establish if all of the sentinel outlets in the premises have been identified for inclusion in the monthly temperature checks. The file containing all of the support documentation for the legionella controls should also be reviewed and revised as required.	Met
	Action taken as confirmed during the inspection: A list for the sentinel water outlets for each calorifier had been drawn up. The legionella documentation had been reviewed.	
Requirement 4 Ref: Regulations 27(4)(a) 27(4)(b) 27(4)(c) Stated: Second time	The programme to complete the works in relation to the self-closing devices on the first floor should be confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: Self-closing devices linked to free swing hold open devices had been fitted to all of the bedroom doors.	
Requirement 5 Ref: Regulations 27(4)(b) 27(4)(d)(i) Stated: Second time	The need to install fire detectors in the areas of raised ceilings on the first floor should be kept under review having regard to the fire risk.	Met
	Action taken as confirmed during the inspection: It is good to report that a complete new fully addressable fire detection and alarm system had recently been installed in the home. This included fire detectors in the raised ceiling areas.	

Last care inspection statutory requirements		Validation of compliance
Requirement 6 Ref: Regulation 27(4)(a) Stated: First time	The report for the next review of the fire risk assessment should include a reference to the Nursing Homes Regulations (Northern Ireland) 2005. The overall level of fire risk in the premises should also be stated in the conclusion to the report.	Met
	Action taken as confirmed during the inspection: The most recent review of the fire risk assessment was completed on 10 October 2016 in in line with the guidance issued by RQIA in relation to the competency of fire risk assessors. The report for this fire risk assessment review included a reference to the Nursing Homes Regulations (Northern Ireland) 2005. A risk conclusion of 'Tolerable' was also included in this report.	
Requirement 7 Ref Regulations 27(4)(b) 27(4)(e) 27(4)(f) Stated: First time	It is important that fire safety training is provided to all staff at least twice each year. The search and find procedure used in the practice fire drills should be reviewed and amended if required in order to ensure that the larger fire zones can be searched in the quickest possible time. The fire risk assessor for the home should be consulted in relation to this issue. Any changes to the existing procedure should be validated by fire drills for all staff. In addition a record should be kept of the specific learning outcomes from each fire drill.	Met
	Action taken as confirmed during the inspection: Mrs. Campbell confirmed that three or four fire training sessions are held in the home each year and staff attendance at this training is monitored. The previous search and find procedure is no longer relevant since the new fully addressable fire detection and alarm system was installed. The new system identifies the exact location of fire alarm activation. Records are kept for the fire drills. It was agreed that a brief summary of the scenario covered during each fire drill would be included in this record.	

Last care inspection statutory requirements		Validation of compliance
Requirement 8 Ref: Regulations 27(4)(b) 27(4)(d)(i) 27(4)(d)(iv) Stated: First time	The record for the weekly fire alarm tests should identify the call points used for the tests. In addition an overall review of the fire detection and alarm system should be carried out for the purposes of developing a proposal for the upgrading of the system to a fully addressable system in accordance with current standards.	Met
	Action taken as confirmed during the inspection: The records presented for review during this premises inspection confirmed that a different call point was being used for the weekly fire alarm tests. A complete new fully addressable fire detection and alarm system had recently been installed in the home.	
Requirement 9 Ref: Regulations 27(4)(b) 27(4)(d)(i) Stated: First time	The wall between the boiler room and the switchgear room should be fire stopped where the electrical cable passes through. The small hole in the lift plant room ceiling at the cable penetration should be also made good. The fire detector in the extended dining room in the dementia unit on the ground floor should be reviewed with the fire risk assessor and the fire alarm engineers and replaced if required (appeared to be heat detector where a smoke detector may be more appropriate).	Met
	Action taken as confirmed during the inspection: The wall between the boiler room and the switchgear room had been fire stopped. This fire stopping had however been disturbed again to facilitate the installation of the cables for the new fire detection and alarm system. Mr. Oliver Monaghan agreed to ensure that this fire stopping was reinstated again. It would also be prudent to carry out a final check of all fire stopping now that the installation works for the new fire alarm system are complete. This should include the lift plant room. Completion of this fire stopping should be confirmed to RQIA. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.	

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out in line with the guidance issued by RQIA in relation to the competency of fire risk assessors.

This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. The fire risk assessment was reviewed and updated on 10 October 2016 and a complete new fully addressable fire detection and alarm system was recently installed throughout the home. Mr. Oliver Monaghan also confirmed that staff had been provided with training in relation to the new system. The documentation in relation to the new fire alarm system should be followed up and retained in the home available for review during future inspections. An enlarged drawing identifying all of the rooms should also be provided for the new system. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
2. A three hour discharge test of the emergency lights was carried out on 10 October 2016. A list had been drawn up for the emergency lights and this was being used for the ongoing monthly function checks. Mr. Oliver also confirmed that the remedial works identified during the three hour discharge test were currently ongoing.
3. The fire doors are checked each month. Work was ongoing during this premises inspection to address a number of issues that had been identified for attention in relation to the fire doors. Mr. Oliver Monaghan confirmed that this would also include the installation of some selectors for the double fire doors. Adjustments to the door to the staff room on the ground floor should be included in this work to ensure that it latches fully with the self-closing device. In addition the door to the lounge at bedroom 18 should be adjusted to prevent it catching on the carpet.

Areas for improvement continued

4. The nurse call system was inspected and tested on 10 October 2016. A number of issues were identified for attention during this inspection and test. Mr. Oliver Monaghan confirmed that the remaining two issues in relation to the nurse call system would be addressed before the end of the day (18 October 2016).
5. It was noted during the review of the premises that the treatment room on the ground floor at reception was not locked and that a small number of containers with cleaning chemicals were being stored in a sluice and in a linen store. This treatment room was locked during this inspection and the containers with cleaning chemicals were removed. The door to the lift plant room should also be kept locked and the boiler room should be kept free from storage. Mrs. Campbell confirmed that the boiler room would be cleared before the end of the day (18 October 2016).
6. Mr. Oliver Monaghan confirmed that the window restrictors had been checked by a joiner to ensure that they are securely fixed in position. It was noted however that although it could be difficult to access the screws to the window restrictors, these screws were not tamper proof. It is recommended that the appropriateness of the fixings to the window restrictors should be reviewed in the context of the risk within the home and the benefits of replacing these with tamper proof screws. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.
7. It was noted that a multiway electrical adaptor was in use at the reception on the ground floor. This was however removed during the inspection.
8. An overflow pipe at the rear of the premises was discharging water onto the wall and path. It was agreed that this would be adjusted.
9. A risk assessment in relation to legionella bacteria in the water system was completed on 23 May 2016. The water system was cleaned and disinfected on 13 April 2016, the cold water tanks were inspected on 22 May 2016 and the shower heads were disinfected in July 2016. The water temperatures at the sentinel outlets are also checked each month. The records for these temperature checks indicated that the temperatures were generally satisfactory although the unblended hot water temperatures should be closely monitored to ensure that they do not fall below the current 55°C standard. It was also suggested that it would be beneficial to consider testing some water samples from each calorifier as it is currently not possible to inspect these internally.
10. The fixed wiring was inspected and tested on 17 November 2015 and the electrical equipment was inspected and tested on 07 December 2015. Mr. Oliver Monaghan agreed to check that the cover for the electrical outlet in the laundry had been made good. It was noted that the generator was due the next annual service. Mr. Oliver Monaghan confirmed that the generators for all of the homes are serviced at that same time and this would be taking place in the near future.
11. The door to the staff room should not be propped open. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	2
-------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

Areas for improvement

1. A key pad fastening had been fitted to the door to the activity room at bedroom 7 on the ground floor. It was agreed however that in line with the current thinking on restrictive practices this would be removed and a locked cupboard would be provided in this room if required.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts. It was not however clear if this included all of the equipment alerts that are issued by the Northern Ireland Adverse Incident Centre through the Safety Alert Broadcast System. Subsequent to this premises inspection detailed information in relation to the equipment alerts was forwarded to Mrs. Campbell by RQIA. Mrs. Campbell agreed to review this information to ensure that the guidance is being followed.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person. There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

One area for improvement as noted above was identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs. Deborah Campbell, Registered Manager and Mr. Oliver Monaghan, who is responsible for the ongoing maintenance of the premises, 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 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 may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Estates.Mailbox@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	
Recommendations	
Recommendation 1 Ref: Standard 48 Stated: First time To be completed by: 18 November 2016 and Ongoing	<p>A final check of all fire stopping should be carried out now that the installation works for the new fire alarm system are complete. This should include the lift plant room. Completion of this fire stopping should be confirmed to RQIA. The door to the staff room should not be propped open.</p> <p>Response by registered provider detailing the actions taken: A final check of all fire stopping has been completed and all identified areas have been fire stopped.</p>
Recommendation 2 Ref: Standard 48 Stated: First time To be completed by: 02 December 2016	<p>The documentation in relation to the new fire alarm system should be followed up and retained in the home available for review during future inspections. An enlarged drawing identifying all of the rooms should also be provided for the new system.</p> <p>Response by registered provider detailing the actions taken: All documentation in relation to the new fire alarm system available in the home. Enlarged drawings are in place with all rooms identified.</p>
Recommendation 3 Ref: Standard 47 Stated: First time To be completed by: 18 November 2016	<p>The appropriateness of the fixings to the window restrictors should be reviewed in the context of the risk within the home and the benefits of replacing these with tamper proof screws. The outcome of this review should be confirmed to RQIA.</p> <p>Response by registered provider detailing the actions taken: A sealant has been applied to the screw indentations which prevents screws being tampered with.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care