

Inspection Report

Name of Service: Brooklands Healthcare Londonderry

Provider: Brooklands Healthcare Ltd

Date of Inspection: 4 December 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Brooklands Healthcare Ltd
Responsible Individual:	Mr Jarlath Conway – not registered
Registered Manager:	Miss Shauna Rooney
Service Profile:	
<p>This home is a registered nursing home with 45 beds providing general nursing care for patients over 65 years of age and up to 12 patients under 65 years of age with a physical disability. The home has four floors with patients' bedrooms located on each floor. Patients have access to lounges, dining rooms and outdoor spaces.</p>	

2.0 Inspection summary

An unannounced inspection took place on 4 December 2024 from 10 am to 6.20 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 5 June 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery. Including; fire safety, care records, control of substances hazardous to health (COSHH), risk management, infection prevention and control (IPC), the environment, safe use of wheelchairs, repositioning records, management of complaints and availability of monthly monitoring reports.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Two areas for improvement have been subsumed into three regulations. Four areas for improvement relating to medicines management will be reviewed at

a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoke mostly in positive terms about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I am getting well looked after here", "Everyone (staff) is very good", "Very happy here", "I have no concerns" and "I have everything I need here".

One patient expressed a level of dissatisfaction with a certain aspect of care delivery. Details were discussed with the management team who agreed to have this reviewed. Following the inspection written confirmation was received that relevant action had been taken to address this.

Patients told us that they were able to choose how they spent their day; that they could remain in their bedroom or go to a communal room when they requested.

One relative said that the staff were friendly and welcoming but that improvements were required regarding a certain aspect of their relative's care. This information was shared with the management team to review and action as necessary.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Staff reported that there was good team work, they felt supported in their role and that the manager was approachable. Staff said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients.

The staff duty rota accurately reflected the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly, however, a number of entries within repositioning charts exceeded the recommended frequency of repositioning as detailed within the care plan. It was further identified that the recommended frequency of repositioning within care plans and recording charts were not consistent. An area for improvement was identified.

One patient was observed being transferred in a wheelchair with only one footrest and whilst there was a lapbelt attached to the wheelchair, this was not being used. On discussion with staff; it was identified that lapbelts were not routinely used. This was discussed with the management team and an area for improvement was identified.

Care records regarding wound care were mostly well maintained, however, there was evidence that wound care evaluation records were not consistently completed to evidence that the wound dressing had been changed. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. A menu was on display within the dining room offering a choice of two meals.

Whilst staff were knowledgeable regarding patients' dietary needs, they were not aware of the meal choice for patients requiring a modified diet. It was further identified that there was no mealtime co-ordinator to oversee the correct delivery of meals. This was discussed with the

management team and following the inspection, written confirmation was received that relevant action had been taken to address these issues.

Patients commented positively about the food provided within the home with comments such as: “The food is very good and we get plenty of choices”, “The food is lovely” and “You can choose what you want and staff are always willing to make you something different”.

Care assistants were scheduled on the duty rota to provide activities as the activity co-ordinator was on a period of leave. Patients spoke in high regard about the activity co-ordinator and commented that care assistants were doing their best to provide activities but that they missed the activity co-ordinator. The management team recognised the importance of activities being meaningful and agreed to review the provision of activities. Following the inspection, written confirmation was received that relevant action had been taken to address this.

During the inspection Mass was provided via the television in the morning and a prayer service was held in the afternoon. Some patients were engaged in their own activities such as watching television, resting or chatting to staff. Whilst a schedule of activities was on display in the reception area, it did not reflect all of the activities provided. This was discussed with the management team who immediately had this addressed.

3.3.3 Management of Care Records

Review of a sample of patients’ care records evidenced that some care plans did not contain sufficient details and were not fully reflective of the patient’s current needs. It was further identified that care plans regarding relevant medical conditions were not in place for a number of patients. Details were discussed with the management team and an area for improvement under the care standards has been subsumed into two regulations.

It was further identified that drug allergies listed in one patient’s care records were not fully reflective of the drug allergies within the medicine kardex and a care plan had not been implemented to direct staff. An area for improvement was identified.

Supplementary care records specific to patients daily fluid intake, evidenced that whilst recording charts and care plans contained the recommended daily fluid intake target, the action to take if the recommended fluid target is not achieved or at what stage, was not consistently documented within patients care plans. Specific details were discussed with the management team and an area for improvement has been subsumed from a standard into a regulation.

A number of supplementary recording charts did not have the date recorded. Details were discussed with the management team and an area for improvement was identified.

3.3.4 Quality and Management of Patients’ Environment

Whilst the home was neat and tidy and patients’ bedrooms were personalised with items important to the patient; surface damage was evident to a number of doors, doorframes, bedframes, a shower trolley and walls; a number of over sink light pull cords were stained and/or not covered to aid in effective cleaning. These and any other environmental related issues were discussed in detail with the management team who agreed to have this reviewed. Following the

inspection, an environmental action plan was submitted with time frames to address these issues. Progress with this will be reviewed at a future inspection.

A cleaning trolley was unsupervised with access to chemicals. An area for improvement was identified.

Two fire doors were obstructed and one fire door was held open with a stack of chairs. Details were discussed with the management team and an area for improvement was identified.

Radiators were very warm to touch in a number of areas throughout the home. The management team were asked to review this and an area for improvement was identified.

Two staff were not bare below the elbow in keeping with infection prevention and control (IPC) and an area for improvement was identified. Other IPC issues identified in relation to staff practices were discussed in detail with the management team who had these issues addressed.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Shauna Rooney has been the Manager in this home since 22 July 2021.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of the records of accidents and incidents which had occurred in the home found that these had been reported to all relevant persons.

A record of complaints was held within the home. Review of a sample of complaints evidenced that whilst action had been taken there was no outcome and/or evidence to state if the complainants were satisfied. An area for improvement was identified.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The deputy manager confirmed that the home was visited each month by a representative of the responsible person to consult with patients, their relatives and staff and to examine all areas of the running of the home. However, not all written reports of these visits were available within the home and an area for improvement was identified.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	9*	9*

* The total number of areas for improvement includes two regulations and two standards that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 15 August 2024	<p>The registered person shall ensure safe systems are in place for the management of insulin.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 2.0</p>
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 15 August 2024	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 2.0</p>
Area for improvement 3 Ref: Regulation 16 (2) (a) Stated: First time To be completed by: 4 December 2024	<p>The registered person shall ensure that care plans are kept up to date to ensure they are reflective of the patients' needs.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: A comprehensive review of all patients' care plans is ongoing, a revised audit has been implemented to ensure that they are reflective of patients' current needs.</p>
Area for improvement 4 Ref: Regulation 16 (1) Stated: First time To be completed by: 28 December 2024	<p>The registered person shall ensure that care plans are in place for relevant medical conditions.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: A comprehensive review of all patients' care plans is ongoing to ensure that care plans are in place for relevant medical</p>

	conditions to ensure that all information on the pre-admission documents and care plans triangulate.
Area for improvement 5 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: 4 December 2024	The registered person shall ensure that there is a clear process for staff to follow if a patient does not consume the recommended daily fluid intake. Ref: 3.3.3
	Response by registered person detailing the actions taken: All patients who have fluid monitoring charts in place have had their GPs consulted, and fluid targets recorded. All care plans have been updated with recommended fluid targets and actions required in the event of fluid targets not being met.
Area for improvement 6 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 4 December 2024	The registered person shall ensure that cleaning trolleys containing chemicals that are not securely stored are supervised at all times. Ref: 3.3.4
	Response by registered person detailing the actions taken: Supervisions have been completed with all housekeeping staff regarding securing cleaning trolleys. All housekeeping staff have also retaken their COSHH e-learning module. Further face to face training is scheduled.
Area for improvement 7 Ref: Regulation 27 (4) (c) (d) (i) Stated: First time To be completed by: 4 December 2024	The registered person shall ensure that fire doors are not obstructed and/or held open. Ref: 3.3.4
	Response by registered person detailing the actions taken: Fire doors have been discussed at staff meetings and via supervisions, it has been reinforced that fire doors are not to be obstructed or kept open under any circumstances.
Area for improvement 8 Ref: Regulation 27 (2) (t) Stated: First time To be completed by: 4 December 2024	The registered person shall ensure that a risk assessment is completed in relation to radiators to reduce the risk of scalding. Ref: 3.3.4
	Response by registered person detailing the actions taken:

	All radiators were reviewed on the day of inspection, thermostats are monitored by maintenance man - where required, additional radiator covers have been put in place.
Area for improvement 9 Ref: Regulation 29 Stated: First time To be completed by: 4 December 2024	<p>The registered person shall ensure that monthly monitoring reports are available within the home at all times.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: Monitoring visits are completed monthly on behalf of the registered person who will ensure that a printed copy is available in the home at all times.</p>
Action required to ensure compliance with Care Standards for Nursing Homes, December 2022	
Area for improvement 1 Ref: Standard 29 Stated: First time To be completed by: 15 August 2024	<p>The registered person shall ensure that fully complete and accurate records of the administration of medicines are maintained.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 2.0</p>
Area for improvement 2 Ref: Standard 39 Stated: First time To be completed by: 26 September 2024	<p>The registered person ensure that nurses receive robust training and competency assessment in relation to medicines management. This should include guidance on the action to be taken when they identify a shortfall in the management or administration of medicines.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 2.0</p>
Area for improvement 3 Ref: Standard 23 Stated: First time To be completed by: 4 December 2024	<p>The registered person shall ensure that where a patient requires repositioning this is completed in accordance with their care plan and reflected within supplementary recording charts.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: The recommended frequency of repositioning is consistent within the patient's care plan, repositioning record and hand</p>

	over following an audit of all repositioning charts and care plans. All supplementary records have been reviewed and updated to reflect patient's assessed needs.
Area for improvement 4 Ref: Standard 47.3 Stated: First time To be completed by: 4 December 2024	The registered person shall ensure that footrests and lapbelts are utilised when transferring patients in wheelchairs, in accordance with the patients' assessed needs. Ref: 3.3.2
	Response by registered person detailing the actions taken: All wheelchairs have been individually numbered to ensure consistent auditing, any wheelchairs not fit for purpose have been removed from the home. Wheelchairs continue to be audited monthly. Staff have been made aware at staff meetings and supervisions to report defects with wheelchairs to maintenance team.
Area for improvement 5 Ref: Standard 23 Stated: First time To be completed by: 4 December 2024	The registered person shall ensure that wound care evaluation records are completed following wound care. Ref: 3.3.2
	Response by registered person detailing the actions taken: Wound tracking audits are completed monthly, evidencing that wound care assessments and evaluations are completed following wound dressings.
Area for improvement 6 Ref: Standard 4 Stated: First time To be completed by: 4 December 2024	The registered person shall ensure that care records for any patient with a known drug allergy are reflective of each other and that relevant care plans are in place. Ref: 3.3.3
	Response by registered person detailing the actions taken: All patients have a medication management care plan in place and these have been updated to reflect current allergy status.
Area for improvement 7 Ref: Standard 4 Stated: First time	The registered person shall ensure that dates are recorded within supplementary recording charts. Ref: 3.3.3

<p>To be completed by: 4 December 2024</p>	<p>Response by registered person detailing the actions taken: All supplementary records have been reviewed and templates have a clear area for the date in place.</p>
<p>Area for improvement 8 Ref: Standard 46.11 Stated: First time</p>	<p>The registered person shall ensure that hand hygiene is a priority with the home. With specific reference to ensuring that staff are bare below the elbow. Ref: 3.3.4</p>
<p>To be completed by: 4 December 2024</p>	<p>Response by registered person detailing the actions taken: Supervisions have been completed regarding hand hygiene and bare below the elbow. IPC audits are ongoing to review hand hygiene practices and bare below the elbow policy in line with infection prevention control policies.</p>
<p>Area for improvement 9 Ref: Standard 16.11 Stated: First time To be completed by: 4 December 2024</p>	<p>The registered person shall ensure that records are kept of all complaints and these include details of all communications with complainants; the result of any investigations; the action taken; whether or not the complainant was satisfied with the outcome; and how this level of satisfaction was determined. Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: All complaints are being recorded on the standardised complaints' template with the outcome and if the complainant is satisfied.</p>

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