

Inspection Report

5 June 2024



Brooklands Healthcare Londonderry

Type of Service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Brooklands Healthcare Ltd	Registered Manager: Miss Shauna Rooney
Responsible Individual: Mr Jarlath Conway – not registered	Date registered: 22 July 2021
Person in charge at the time of inspection: Miss Shauna Rooney, Manager	Number of registered places: 45 A maximum of 10 persons in category NH-PH.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 38
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 45 patients. The home has four floors with patients' bedrooms located on each floor. Patients have access to lounges, dining rooms and outdoor spaces.	

2.0 Inspection summary

An unannounced inspection took place on 5 June 2024 from 9.10 am until 6.20 pm. The inspection was carried out by a care inspector.

The purpose of the inspection was to assess progress with all areas for improvement identified in the home 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.

Patients told us that they felt well looked after. Patients who were less able to communicate their views were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 patients, relatives, staff or the commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively 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: "The staff are more than good", "Great care and everyone is very good", "I couldn't be anywhere better than here" and "I feel very safe here". There were no questionnaires received from patients or relatives.

One patient raised a level of dissatisfaction with certain aspects of care. Details were discussed with the manager to review and action as necessary.

Staff said that the management team were very approachable, teamwork was great and that they felt well supported in their role. Comments included: "I love working here", "Great induction", "The manager is very good" and "Staffing levels normally fine". There was no feedback from the staff online survey.

Two relatives commented positively during the inspection regarding the staff and delivery of care. Comments included: "The staff are always very friendly and welcoming", "(Relative) is getting good care here", "(The) staff are very good" and "No complaints".

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 7 December 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • Staff knowledge and practice regarding hand hygiene. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Observation of staff practices and discussion with the manager evidenced that this area for improvement had been met.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 24 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that fire doors are not propped open and fire exits are free from obstruction.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Observation of the environment evidenced that this area for improvement had been met.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>With specific reference to ensuring that cleaning chemicals are securely stored in accordance with the manufactures instructions.</p>	Met

	<p>Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement had been met.</p>	
<p>Area for improvement 4 Ref: Regulation 13 (4) Stated: First time</p>	<p>The registered person shall ensure that medicines are appropriately labelled and are stored safely and securely.</p> <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.</p>	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 4.9 Stated: Second time</p>	<p>The registered person shall ensure accurate and contemporaneous records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines.</p> <p>This area for improvement is made with specific reference to completion of supplementary care records such as repositioning charts, food and fluid intake records and personal care records.</p> <p>Action taken as confirmed during the inspection: Review of a sample of care records and discussion with the management team during and following the inspection, evidenced that this area for improvement had been met.</p>	Met
<p>Area for improvement 2 Ref: Standard 12 Stated: First time</p>	<p>The registered person shall ensure that menus are displayed in a suitable format and that relevant staff are aware of the modified meal options.</p> <p>Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement had been met.</p>	Met

Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure that for any patient at risk of dehydration the recommended daily fluid intake is recorded within their supplementary recording chart and care plan, with the action to take and at what stage if the target is not met.	Partially met
	Action taken as confirmed during the inspection: Review of a sample of care records evidenced that this area for improvement had not been fully met and has been stated for a second time. This is discussed further in section 5.2.2.	
Area for improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure that care plans are reflective of the patients' needs and relevant medical conditions.	Not met
	Action taken as confirmed during the inspection: Review of a sample of care records evidenced that this area for improvement had not been met and has been stated for a second time. This is discussed further in section 5.2.2.	
Area for improvement 5 Ref: Standard 44 Stated: First time	The registered person shall ensure that the identified bath is replaced.	Carried forward to the next inspection
	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.	
Area for improvement 6 Ref: Standard E8 Stated: First time	The registered person shall ensure that a call bell system is available within all relevant areas of the home, to alert staff when assistance is required.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the management team during and following the inspection evidenced that this area for improvement had been met.	

Area for improvement 7 Ref: Standard 46 Stated: First time	The registered person shall ensure that the IPC environmental related issues are addressed.	Met
	Action taken as confirmed during the inspection: Observation of the environment and staff practices evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including fire safety and adult safeguarding.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Review of a sample of staff recruitment files evidenced that relevant pre-employment information had been obtained prior to commencing work in the home.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also 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 all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Registered nurses' competency and capability assessments for taking charge of the home in the absence of the manager had been completed.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

5.2.2 Care Delivery and Record Keeping

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.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of care records identified a number of discrepancies. For example; some entries within repositioning charts exceeded the recommended frequency of repositioning; one patient's care plan did not contain the recommended frequency of repositioning; one patient's booklet did not have the date recorded on the charts and not all charts were signed by relevant staff. Specific details were discussed with the management team and following the inspection, written confirmation was received that relevant action had been taken to address these issues with ongoing monitoring to ensure sustained compliance.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging. Review of one patient's accident report evidenced that where neurological observations were required following an unwitnessed fall there were inconsistencies with the recording of observations. Details were discussed with the manager who agreed to have this reviewed. Following the inspection, written confirmation was received that relevant action had been taken to address this.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller or larger portion and demonstrated their knowledge of individual patient's likes and dislikes. There was a variety of drinks available. Patients told us they very much enjoyed the food provided in the home.

A meal time co-ordinator was designated to oversee the delivery of meals and to ensure that patients receive the correct diet in accordance with recommendations made by the Speech and Language Therapist (SALT). Whilst staff were providing the correct diet as recommended by SALT, one patient's care records had not been updated to reflect the patient's current needs. Following the inspection, the manager confirmed that relevant action had been taken to address this.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily. However, the amount of food/fluids consumed was not consistently recorded by staff. 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 with ongoing monitoring from management to ensure sustained compliance.

Review of a sample of supplementary care records specific to patients daily fluid intake, evidenced that whilst recording charts contained the recommended daily fluid intake target, the target was different within two patients care plans and not recorded within one patient's care plans. The action to take if the recommended fluid target is not achieved was documented in two patients care plans but did not state at what stage the action was to be taken. Specific details were discussed with the management team and an area for improvement has been stated for a second time.

Review of a sample of care records evidenced that a number of care plans did not contain sufficient details and were not fully reflective of the patient's current needs. Specific details were discussed with management and an area for improvement has been stated for a second time.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff. Whilst some entries were meaningful and provided an insight into the patient's day, a number of entries lacked sufficient details for example; if the patient was receiving one to one supervision; oversight of the patients daily fluid intake and/or urinary output. This was discussed in detail with the management team and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm and comfortable and patient's bedrooms were found to be personalised with items of memorabilia and special interests.

Surface damage was evident to a number of walls, two ceilings, identified furniture and woodwork. The carpet on the stairwell leading to the lower ground floor was stained and a malodour was evident within an identified bedroom. Details were discussed with the management team and following the inspection, written confirmation was received that relevant action had been taken to address these issues.

Review of the most recent fire risk assessment completed on 3 June 2024 evidenced that any actions required had been signed off by management as having been completed.

There was evidence that fire evacuation drills had been completed with the names of the staff members who took part in the drill. Advice was provided to further enhance the recording of the drills by adding the time that the alarm is set off and responded to.

Personal protective equipment (PPE) and hand sanitising gel was available within the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

During the inspection a number of patients were observed playing a game of bingo organised by the activity person and later participated in a game of pass the parcel. Other patients were engaged in their own activities such as; watching TV, resting or chatting to staff. Patients were seen to be content and settled in their surroundings and in their interactions with staff. One patient said: "Plenty of activities and things to do".

Patients mostly commented positively about the food provided within the home with comments such as: "The food is lovely", "I like the food" and "The food is nice and plenty of choices." One

patient said that the food can be “repetitive”. This was shared with the manager to review and action as necessary.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Staff said that the manager was very approachable and accessible.

Review of accidents/incidents records confirmed that relevant persons were notified and a record maintained. One notification was required to be submitted retrospectively. This was submitted by the manager following the inspection.

A number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. For example, care records, environment, infection prevention and control (IPC) and hand hygiene. Where deficits were identified the audit process included an action plan, the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements had been made.

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. Written reports were completed following these visits and were available within the home.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	0	4*

* The total number of areas for improvement includes two standards that have been stated for a second time and one standard that has 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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 44 Stated: First time To be completed by: 14 January 2024	<p>The registered person shall ensure that the identified bath is replaced.</p> <p>Ref: 5.1</p> <hr/> <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>
Area for improvement 2 Ref: Standard 4 Stated: Second time To be completed by: 12 June 2024	<p>The registered person shall ensure that for any patient at risk of dehydration the recommended daily fluid intake is recorded within their supplementary recording chart and care plan, with the action to take and at what stage if the target is not met.</p> <p>Ref: 5.1 and 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: A review of all patients on a fluid balance has been completed, all care plans have been reviewed to ensure that patients on a fluid balance chart have fluid target highlighted, and the action to take if the target is not met. This is monitored by the Home Manager.</p>
Area for improvement 3 Ref: Standard 4 Stated: Second time To be completed by: 12 June 2024	<p>The registered person shall ensure that care plans are reflective of the patients' needs and relevant medical conditions.</p> <p>Ref: 5.1 and 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: A review of the medical history on epic care has taken place, an audit has been completed to ensure that all information triangulates. Care Plans are in place for all primary medical conditions.</p>
Area for improvement 4 Ref: Standard 4.9 Stated: First time	<p>The registered person shall ensure that entries within patients' daily progress records are meaningful and provide a reflective evaluation of the patient's day/night.</p> <p>Ref: 5.2.2</p>

To be completed by: 12 June 2024	Response by registered person detailing the actions taken: Supervisions have been completed with nursing staff regarding the standard of information which is to be recorded on the daily progress notes.
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