



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 24 October 2019



Brooklands Healthcare Dunmurry

Type of Service: Residential Care Home
Address: 42e Cloona Park, Belfast BT17 0HH
Tel No: 028 9060 1020
Inspector: Debbie Wylie

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential home which provides care for up to 8 residents.

3.0 Service details

Organisation/Registered Provider: Brooklands Healthcare Ltd Responsible Individual: Therese Elizabeth Conway	Registered Manager and date registered: Maureen Munster 10 July 2018
Person in charge at the time of inspection: Maureen Munster	Number of registered places: 8
Categories of care: Residential Care (RC) DE – Dementia	Number of patients accommodated in the residential home on the day of this inspection: 7

4.0 Inspection summary

An announced inspection took place on 24 October 2019 from 10.00 hours to 17.00 hours.

This inspection was undertaken by a care inspector to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, staff recruitment, induction, adult safeguarding, activities for residents, the home's general environment, person centred care, the dining experience, fire risk assessment, management of incidents, maintaining good working relationships, monthly monitoring visits, recruitment and induction.

Areas requiring improvement were identified including staff training, supervision and appraisal, infection prevention and control, risk assessment, care plans, availability of policies, completion of care, environment and pharmacy audits.

Residents described living in the home as being a good experience and in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from residents, people who visit them and professionals and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	6

Details of the Quality Improvement Plan (QIP) were discussed with Maureen Munster Registered Manager and Kylie Doolan Team Leader 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.

4.2 Action/enforcement taken following the most recent inspection dated 17 December 2018

No further actions were required to be taken following the most recent inspection on 17 December 2018.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rota for all staff from 23.09.2019 to date 21.10.2019
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff training matrix
- staff appraisal/supervision records
- incident and accident records
- one staff recruitment and induction file
- three residents care records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of monthly monitoring reports from 1 May 2019 to 30 Sept 2019
- RQIA registration certificate
- competency records for two persons in charge of shifts

- minutes of residents meeting
- fire risk assessment
- fire drills record
- fire awareness training records
- fire equipment checks records

The findings of this inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

On the day of the inspection the home was warm, well decorated and free from malodours. Residents were responded to in a caring and appropriate manner with staff available to assist residents when needed. Care provided was resident focused and carried out in a calm and attentive manner. Staff demonstrated good knowledge of the residents and their individual needs. Residents presented well and were appropriately dressed. Residents told us:

- “They (staff) do a good job.”
- “Care is good here.”

No concerns regarding staffing levels were raised by management, residents, their visitors or staff during the inspection. The staff told the inspector that there was good team work and support from senior staff. Review of the staff duty rota identified that the registered manager’s working hours were not on the rota and the inspector was unable to identify the person in charge. Following discussion with the team leader an updated rota format was produced to include this information along with a colour key code.

Communal areas were uncluttered and tidy with fresh juice and water for residents to avail of. Furniture in both sitting and dining areas was well maintained and in good working order. Hallways were uncluttered and tidy with hand sanitising gel and Personal Protective Equipment available. The home was decorated with Halloween artwork created by residents during planned activities. There were also numerous examples of home-made pictures on the walls. The time and date were displayed and easy for residents to read. The medication trolley was noted by the inspector to be stored safely and appropriately secured in the staff office. The cupboards in the kitchen area were also noted to be locked when not in use.

Inspection of residents' bedrooms found some to be personalised to residents own taste with their own belongings. Some bedrooms were plainly decorated and this was discussed with the registered manager who advised this was residents/relatives choice. This choice was not documented in residents' records and following discussion with the registered manager it was agreed that this would be documented in their records.

Bedrooms were clean and tidy however inspection of residents' ensuite bathrooms identified that most had no bin, no soap and no paper towels. Two raised toilet seats were found to be soiled and a soap dispenser was not clean. This has been highlighted as an area for improvement to comply with the regulations.

Activities for residents were evident on the day of inspection with staff interacting with residents who were painting and making Christmas decorations. Several residents were observed to be enjoying taking part in this activity while staff were observed chatting with residents. Music was playing in the background and in the afternoon residents were observed to be watching a movie while some chose to rest in their rooms.

Records were observed to be stored appropriately. Review of the registration records assured the inspector that the appropriate arrangements were in place to confirm that all staff were registered with NISCC. Registration with the NISCC is necessary to ensure that social care staff are safe practitioners and adhere to the appropriate code of practice.

Staff confirmed that they had had a robust induction. Staff with management responsibility had completed a competency assessment before taking charge of the home. Records of induction for a new staff member were inspected and found to have been completed fully. Records of person in charge competencies were also inspected and found to be completed appropriately. Staff were familiar with residents care and were observed to be responsive to their needs throughout the inspection. Staff also confirmed that they were aware of their roles and responsibilities when caring for residents. Inspection of staff appraisal records showed that these were not up to date with several staff still requiring their appraisal. This has been highlighted as an area for improvement to comply with the standards.

Training records inspected identified that two staff still needed face to face fire training and one staff member had not completed a fire drill. This has been stated as an area for improvement to comply with the standards.

On discussion with staff their knowledge of safeguarding was reflective of the Safeguarding Regional Policy and Procedure. Staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse. They also showed good understanding of reporting mechanisms and processes for raising concerns and the whistleblowing procedure within the home. Staff were able to identify the safeguarding champion for the home as the registered manager. Discussion with the registered manager confirmed that she had completed training to support residents who lacked capacity (Level three Deprivation of Liberty training).

Fire exits were found to be free from obstruction and firefighting equipment was available and appropriately monitored. The manager confirmed that the fire risk assessment was completed on 16 October 2019. A copy of the certificate has been forwarded to the inspector for verification.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to is care save. This included appropriate staffing levels, staff recruitment processes, staff induction, the home's adult safeguarding procedures, activities for residents and the home's general environment.

Areas for improvement

The following areas were identified for improvement in relation to is care safe. These included completion of staff supervision and appraisal and completion of infection prevention and control training with all care staff.

	Regulations	Standards
Total number of areas for improvement	1	2

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Staff were observed delivering care in a calm and organised manner taking account of residents preferences. Person centred care was evident throughout the day with staff discussing all aspects of care with residents. Relaxing music was playing in the background and some residents were observed singing. One relative told us:

- "My sister has a good room here."
- "The care is good."
- "They (staff) do their best."

Observation of the lunch time meal showed residents enjoyed the food provided. Tables were covered with table cloths and condiments were in place. Observation evidenced an appropriate number of staff present to assist residents with the lunch time meal. For two residents alternative menu choices were provided at their request. Soup which had cooled down was heated at the resident's request. Tea, coffee and snacks were served during the day in the sitting or dining area and were also provided to residents in their bedrooms. Discussion with staff demonstrated that they understood individual resident's dietary requirements. Three residents' care records inspected confirmed that risk assessments and care plans had been carried out regarding each resident's potential for choking and their nutrition needs and eating preferences and habits.

Inspection of residents care records also evidenced that care was well documented, compassionate and resident centred. The inspector noted a range of risk assessments and care plans were in place including moving and handling, nutrition, falls, management of challenging behaviour, continence care, choking, oral hygiene, communication, personal care, consent and capacity, end of life preferences, maintaining a safe environment and eating and drinking. Residents' care plans and risk assessments were being regularly reviewed and there was evidence of continuous updates. Inspection of the care plans identified that photographs were not in place for all residents. This was discussed with the senior carer and will be put in place immediately. Care records inspected showed there was no care plan in place for use of a pressure relieving mattress and no record of inspection of the mattress by staff. This was

discussed with the team leader and is to be put in place for the resident who is using this mattress. It was also noted that there were two care plans in place for the same wound and only one was updated. These areas have been highlighted as areas for improvement to comply with the standards.

Records showed that a list of signed consents had been obtained from residents/relatives for use of bed rails and use of alarm mats despite the resident not requiring them. This was discussed with the team leader and is to be removed from the care records of those residents who do not require these restrictive practices. This has been highlighted as an area for improvement to comply with the standards.

Incident and accident records reviewed by the inspector identified that any notifiable events in the home were reported to the appropriate authorities.

Discussion with staff showed that they had a good understanding of adult safeguarding and their role in protecting residents from harm. Staff were able to identify the registered manager as the safeguarding champion for the home. Staff also had good knowledge of the whistleblowing procedure and how to use this if required. The inspector was unable to inspect these policies as the home could not provide them on the day of inspection. This has been stated as an area for improvement to comply with the standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to is care effective. These included appropriate staffing levels, the delivery of person centred care, activities for residents, the dining experience and the completion of an up to date fire risk assessment.

Areas for improvement

The following areas were identified for improvement in relation to risk assessment, care plans, and availability of policies.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Throughout the inspection staff interactions with residents were observed to be compassionate. Staff demonstrated knowledge of residents’ choices, likes, dislikes and assessed needs. Residents were observed being given the opportunity to express their preferences regarding where they wanted to sit, what accompaniment they wanted with their meals and if they wanted to take part in planned activities.

Staff were observed offering support and encouragement to residents throughout the day. All residents were treated with dignity and respect. Staff were able to help one resident feel at ease when taking part in painting in the dining area which increased his opportunities for further social engagement.

Staff described residents in a caring and professional manner and were familiar with residents care needs and preferences. Staff told the inspector:

- “I love it here.”
- “I’m enjoying my job.”
- “This is a great unit.”

The inspector viewed minutes of a residents meeting and found these to be well documented with positive comments from residents regarding staff and the caring, calm environment of the home.

Some residents had personalised their rooms with photographs and their own belongings giving it a more homely feel.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and respect and listening to and valuing residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was clearly displayed and up to date. The home’s team leader confirmed that the needs of residents were met in accordance with the home’s Statement of Purpose and categories of care for which the home was registered with RQIA. The inspector noted no concerns regarding the inappropriate placement of any resident.

There has been no change in management arrangements for the home since the last inspection. The registered manager was on duty throughout the day of inspection. Notifiable events occurring within the home were reported to RQIA and all other stake holders as required and this was evident in the records. Interaction between the registered manager and staff on duty was noted to be positive. Staff were observed to be at ease and able to approach the team leader at all times throughout the inspection. Staff on duty stated they have good support from the registered manager and felt they could approach her at any time.

Staff told the inspector:

- “The manager is very supportive.”
- “I can go to the manager if I need to.”

There was clear evidence that a number of audits have been completed regularly within the home including care plan audits, falls audit, safeguarding audits and restrictive practices audits. However there was also evidence that the care and environment audit and pharmacy audit were not being completed regularly. This has been highlighted as an area for improvement under the standards.

The monthly monitoring visits for the home were being completed regularly as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager confirmed that staff were recruited safely and a robust induction was completed. This was evident in the records for one staff member observed by the inspector.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of incidents, maintaining good working relationships, monthly monitoring visits and recruitment and induction.

Areas for improvement

The following area was identified for improvement in relation to completion of care and environment audit, and pharmacy audits.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Maureen Munster, Registered Manager and Kylie Doolan, Team Leader as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13.- (7)</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure that bins, soap and hand towels are continually available in residents' bathrooms and bathroom equipment including raised toilet seats are subject to regular cleaning.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Addressed with immediate effect on day of Inspection by Housekeeper</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 24.5</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure staff have an appraisal with their line manager.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Home Manager confirms that Annual Appraisals remain ongoing throughout the year and are completed for each staff member within their designated timeframe of one year</p>
<p>Area for improvement 2</p> <p>Ref: Standard 29.4</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>All staff have training in the fire precautions to be observed in the home including the action to be taken in cases of fire. This training is provided by a competent person at the start of employment and is repeated at least twice every year.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: The two staff members identified, have since attended further training in relation to fire precautions at night, keeping in line with regulated requirements.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure that residents care plans are reflective of residents' current needs in relation to the documented consent for use of restrictive practices which are not required.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Any non-relevant documentation re restrictive practice has been removed from current files and archived. Care Plans are reflective of current need</p>

<p>Area for improvement 4</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure that residents care plans are reflective of residents' current needs in relation to the use of a pressure relieving mattress and the use of two wound care plans for the same wound.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This area was addressed on day of Inspection</p>
<p>Area for improvement 5</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure that a Safeguarding Adults policy and a Whistleblowing Policy are in place and available for inspection.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Hard Copy of Policy File is available in the Home for reference in the event of staff encountering difficulty accessing their online account</p>
<p>Area for improvement 6</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure that care and environment audits, and pharmacy audits are completed.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Team Leader has addressed with immediate effect</p>

Please ensure this document is completed in full and returned via Web Portal



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9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

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