

Unannounced Care Inspection Report 09 November 2016



Brooklands

Type of Service: Nursing Home
Address: 66 Hospital Road, Magherafelt BT45 5EG
Tel no: 0287963 4490
Inspector: Aveen Donnelly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Brooklands took place on 09 November 2016 from 09.00 to 16.00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection.

The term 'patients' is used to describe those living in Brooklands which provides both nursing and residential care.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	6

The total number of requirements and recommendations above includes one requirement that has been stated for the second time and two recommendations that have been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Deirdre Monaghan, registered manager, 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 inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 27 October 2016. This inspection resulted in no requirements or recommendations being made. There were no further actions required to be taken following the most recent inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Brooklands Healthcare Ltd Therese Elizabeth Conway	Registered manager: Deirdre Mary Monaghan
Person in charge of the home at the time of inspection: Deirdre Mary Monaghan	Date manager registered: 30 September 2014
Categories of care: NH-I, NH-PH, NH-PH(E), RC-I, RC-MP(E), RC-PH(E), NH-TI, RC-DE A maximum of 8 residents in category RC-DE	Number of registered places: 55

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. Questionnaires were distributed to patients, relatives and staff. We also met with six patients, six care staff, one registered nurse, one domestic staff member, two patients' representatives and one visiting professional.

The following, information was examined during the inspection:

- validation evidence linked to the previous QIP
- five patient care records
- accident and incident records
- audits in relation to care records and falls
- records relating to adult safeguarding
- one staff recruitment and selection record
- complaints received since the previous care inspection
- staffing arrangements in the home
- records pertaining to NMC and NISCC registration checks
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- a selection of policies and procedures.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 27 October 2016

The most recent inspection of the home was an unannounced medicines management inspection. This inspection resulted in no requirements or recommendations being made. There were no areas identified that required follow up during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 11 April 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 30 (1) (c) Stated: First time	<p>The registered persons must ensure that RQIA is notified of any serious injury to a patient in the home.</p> <p>Action taken as confirmed during the inspection: A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately, in keeping with Regulation 30 of the Nursing Homes</p>	Met
Requirement 2 Ref: Regulation 14 (2) (c) Stated: First time	<p>The registered persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.</p> <p>Action taken as confirmed during the inspection: Chemicals were observed in an unlocked cupboard in the sluice room. The treatment room door was also propped open with a bin. Inside the treatment room, medicines cupboards were unlocked and the medicines trolley was open, without any staff presence. This posed a risk to patient safety. This requirement was not met and has been stated for the second time.</p>	Not Met

<p>Requirement 3</p> <p>Ref: Regulation 15 (2) (a)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that patients' risk assessments, as appropriate, are completed and the outcome included in the care planning process.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the patient care records evidenced that the patients' risk assessments and care plans were generally reviewed on a regular basis. Refer to section 4.3.3 for further detail.</p>		
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 32.3</p> <p>Stated: Second time</p>	<p>A palliative care link nurse should be appointed, to ensure that there is a nominated person in the home with up to date knowledge and skills in providing symptom control and comfort.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A palliative care link nurse had been appointed. Training in palliative and end of life care had been planned for the link nurse to attend.</p>		
<p>Recommendation 2</p> <p>Ref: Standard 38.1</p> <p>Stated: First time</p>	<p>The registered persons should ensure that the recruitment and selection processes are reviewed; and that there are robust systems in place, to address the deficits identified in this inspection.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Although improvements were noted since the last inspection, deficits were identified in relation to employee references and there was no explanation recorded in relation to gaps in employment. One applicant's reference from their last employer was not received until after they commenced employment. This recommendation was partially met and has been stated for the second time.</p>		

<p>Recommendation 3</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p>	<p>The registered persons should ensure that a system is implemented, to ensure that registered nurses' registration with the Nursing and Midwifery Council (NMC) is checked on a regular basis.</p> <p>Action taken as confirmed during the inspection: Review of records confirmed that there was a system in place to ensure that nurses' registrations were checked on a regular basis.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 13.5</p> <p>Stated: First time</p>	<p>The registered person should ensure that the process for recording incidents relating to prevention and protection from harm should be further developed, to illustrate that records pertaining to incidents that have been screened out by Safeguarding Teams in the Health and Social Care Trusts.</p> <p>Action taken as confirmed during the inspection: A review of the records pertaining to adult safeguarding evidenced that a clear process was in place to record all incidents.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 39.8</p> <p>Stated: First time</p>	<p>The registered persons should ensure that training is provided to registered nurses on record keeping, in line with NMC guidelines. This training should specifically focus on the nursing process. Records of the training content and a list of attendees should be retained in the home.</p> <p>Action taken as confirmed during the inspection: A review of training records confirmed that training had been provided in relation to record keeping and the nursing process.</p>	<p>Met</p>

<p>Recommendation 6</p> <p>Ref: Standard 12.19</p> <p>Stated: First time</p>	<p>The registered persons should ensure that the serving of meals is reviewed to ensure that the food is kept covered and hot until served to patients.</p> <hr/> <p>Action taken as confirmed during the inspection: Staff were observed delivering uncovered meals, on trays, to patients who chose to have their meals in their bedrooms.</p> <p>One patient also commented to the inspector that the food was often cold. This recommendation was not met and has been stated for the second time. Refer to section 4.5 and 4.6 for further detail.</p>	<p>Not Met</p>
<p>Recommendation 7</p> <p>Ref: Standard 36.1</p> <p>Stated: First time</p>	<p>The registered persons should ensure that there is a process of three yearly review maintained on all policies and procedures.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that the home's policies and procedures were reviewed systematically and were available on the EVO learning system. Staff confirmed that they had access to the home's policies and procedures.</p>	<p>Met</p>
<p>Recommendation 8</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p>	<p>The registered person should ensure that the monthly monitoring report required under Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 is further developed to address the deficits identified during this inspection.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the regulation 29 monthly quality monitoring reports evidenced that all areas detailed in the previous quality improvement plan had been followed up during each visit.</p>	<p>Met</p>

4.3 Inspection findings

4.3.1 Staffing Arrangements

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the week commencing 1 November 2016 evidenced that the planned staffing levels were not consistently adhered to. For example, there were two and a half days, on which the staffing levels fell below those discussed with the inspector. This was discussed with the registered manager, who explained that the staffing shortages occurred due to short notice sick calls and that this was being actively managed in line with the home's policies and procedures. Records were available in relation to the efforts made to replace staff on these days and the registered manager also stated that assistance would be provided by herself, if replacement cover was not possible.

Staff were observed assisting patients in a timely and unhurried way on the day of the inspection. Discussion with patients and their representatives also evidenced that there were no concerns regarding staffing levels. Four staff consulted with stated that although they felt under pressure to meet patients' needs, they always made sure that the patients received the right care. One staff member commented that absenteeism is so frequent, that the staff are often called every day, asking them to work. Another staff member stated that work practices in the morning had recently been reviewed; however this made no difference. A recommendation has been made that the registered manager evidentially reviews the system for managing absenteeism levels in the home. This review should also include contingency arrangements for when the staffing levels fall below those required, to meet the needs of the patients.

4.3.2 Care Practices

A review of repositioning records evidenced that patients were not consistently repositioned according to their care plans. A review of one patient's repositioning records evidenced that the identified patient had not been repositioned regularly and gaps of up to seven hours were identified in the repositioning records. This occurred most frequently on the night shift, where patients had not been repositioned between 8pm and 2am. A review of the patient's hygiene chart indicated that the patient's skin integrity had been checked. Care staff spoken with explained that when they observed the patients' skin/pressure areas to be broken, they indicated this on the patients' hygiene chart using an asterix, to indicate that they had referred this to the registered nurse. However, a review of the progress notes did not evidence that the registered nurses had checked the patients' pressure areas. This was discussed with the registered manager. A requirement has been made in this regard.

Although there was evidence that the totals of patients' fluid intakes were recorded in the daily progress notes, a review of one patient's fluid intake chart evidenced long gaps between when patients received their last drinks of the day and when they took fluids the next day. For example, one identified patient's record identified that there was no record of them having had anything to drink from 15.00 hours until 08.00 the following day. The staff consulted with stated that the identified patient often refused drinks; however, this was not indicated on the fluids chart reviewed. The intervals between fluids being offered ranged from 12 to 18 hours every day in the week reviewed. This was discussed with the registered manager. A requirement has been made in this regard.

We observed the lunch time meal being served in the ground floor dining room. We saw that the atmosphere was quiet and tranquil and patients were encouraged to eat their food. Tables were set in advance of the patients entering the room. The lunch served appeared very appetising and patients spoken with stated that it was always very nice. A number of patients were required/chose to wear clothes protectors, during the meal, to keep their day attire clean from spillages. Three patients were observed wearing the same blue plastic aprons, that the staff wore, whilst serving the meals. This was discussed with the staff present who explained that the blue aprons were used, as there was never enough clothes protectors. It was disappointing that consideration had not been given to the impact this may have on the patients' dignity. This was discussed with the registered manager. A recommendation has been made in this regard.

4.3.3 Care Records

The home used an electronic system for assessing, planning and evaluating patients' care needs. A review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and were generally reviewed on a regular basis.

Deficits were evidenced in relation to the records of patients who required a modified diet. In one patient care record, the prescribed consistency of the modified diet differed in the care plan from that on the SALT assessment. Staff consulted with gave varying answers with regards to the specified diet the patient required. The last available SALT assessment was dated 19 September 2014; however the registered nurse stated that she was sure another assessment had been completed since. The registered nurse followed this up on the day of the inspection. A requirement has been made in this regard.

A review of the accident and incident records confirmed that although accidents were managed appropriately, the falls risk assessments and care plans were not consistently reviewed following each incident. A recommendation has been made in this regard.

A review of the care records evidenced that care plans had not been updated in response to acute infections where the patients required antibiotics. A recommendation has been made in this regard.

The review identified some improvements in relation to the completion of assessments. For example, there was evidence that the patients were routinely assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). This included monitoring patients' weights and recording any incidence of weight loss.

Where a patient had a wound, there was evidence of regular wound assessments and review of the care plan regarding the progress of the wound. A review of the daily progress notes evidenced that the dressing had been changed according to the care plan.

Patients who were prescribed regular analgesia had validated pain assessments completed which were reviewed in line with the care plans. Where patients, were identified as being at risk of developing pressure damage, a care plan had been developed to guide staff on how to manage the risk.

Referrals were made to relevant health care professionals, such as GPs, dieticians, speech and language therapists (SALT) and tissue viability nurse specialists for advice and guidance.

4.3.4 Consultation

During the inspection, we met with six patients, six care staff, one registered nurse, one domestic staff member, two patients' representatives and one visiting professional. Some comments received are detailed below:

Staff

"It is very good here, the staff work well together and always put the patients first".
 "The care is very good, we try our best".
 "The staff are very respectful and the care is very good".
 "The care is good".

Four staff members commented regarding the home being short staffed. Refer to section 4.3.1 for further detail.

Patients

"It is a home from home".
 "I am very happy, I have no concerns".
 "Some of the staff are polite, not all of them though".
 "The meat can be very tough".
 "It is very good surely".
 "I have no complaints whatsoever".

Patients' representatives

"We are very pleased".
 "We have I have no concerns".

Visiting Professionals

"They are generally good at referring appropriately and following up on things".

We also issued ten questionnaires to staff and relatives respectively; and five questionnaires were issued to patients. Five staff, five patients and three relatives had returned their questionnaires, within the timeframe for inclusion in this report. All respondents indicated that they were wither 'very satisfied' or 'satisfied' with the care provided in relation safe, effective and compassionate care; and in relation to the home being well-led. No written comments were provided.

4.3.5 Environment

A review of the home's environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Infection prevention and control measures were adhered to and equipment was stored appropriately. Fire exits and corridors were maintained clear from clutter and obstruction.

Areas for improvement

A recommendation has been made that the registered manager evidentially reviews the system for managing absenteeism levels in the home. This review should also include contingency arrangements for when the staffing levels fall below those required to meet the needs of the patients.

A requirement has been made that the patients who are at risk of developing pressure sores and require regular repositioning are repositioned, in keeping with their care plan.

A requirement has been made that the provision of food and fluids to patients in the home is available at appropriate intervals and the lack of this provision does not exceed 12 hours.

A recommendation has been made that the patients are offered appropriate clothing protectors which respect their dignity and protect their clothing.

A requirement has been made that where patients are prescribed a modified diet, the information specified in the care plan must be accurate and reflective of the most recent SALT assessment.

A recommendation has been made that the patients' falls risk assessments and care plans are updated in response to each time a patient falls.

A recommendation has been made that care plans are updated in response to acute infections.

Number of requirements	3	Number of recommendations	4
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Deirdre Monaghan, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk /RQIA's office (non-paperlite) / web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: Second time</p> <p>To be completed by: 7 January 2016</p>	<p>The registered persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.</p> <p>Ref: Section 4.2</p> <p>Response by registered provider detailing the actions taken: Cleaning materials are securely stored in locked cupboards provided throughout the Home as per COSHH legislation. Key pad doors are also in use to sluice rooms, cleaners stores and treatment rooms to provide a secure environment in the Home for the residents.</p>
<p>Requirement 2</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 7 January 2016</p>	<p>The registered persons must ensure that the home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients. It is therefore required that where nursing needs are identified care must be delivered to ensure individual patient needs are met.</p> <p>This refers specifically to the repositioning records of patients who are at risk of developing pressure sores and require regular repositioning, in keeping with their care plan.</p> <p>Ref: Section 4.3.2</p> <p>Response by registered provider detailing the actions taken: Residents assessed as being at risk of developing a pressure sore have repositioning records. Staff complete these records as per the individual resident's care plan and risk assessment outcome. These charts are monitored by the staff nurse throughout the day.</p>
<p>Requirement 3</p> <p>Ref: Regulation 12 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 7 January 2016</p>	<p>The registered persons must ensure that the provision of food and fluids to patients in the home is available at appropriate intervals and the lack of this provision does not exceed 12 hours.</p> <p>Ref: Section 4.3.2</p> <p>Response by registered provider detailing the actions taken: Resident's are provided with regular meals and fluids throughout the day. Staff have access at all times to the kitchen facilities in the event that a resident requests food outside of the Home's catering staff hours. Records are being monitored by the staff nurse to ensure resident's are provided with their dietary requirements.</p>

<p>Requirement 4</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 7 January 2016</p>	<p>The registered persons must ensure that where patients are prescribed a modified diet, the information specified in the care plan must be accurate and reflective of the most recent SALT assessment.</p> <p>Ref: Section 4.3.2</p> <hr/> <p>Response by registered provider detailing the actions taken: Residents assessed as requiring a modified diet by SALT will have their most recent SALT information recorded in their own individualised care plans.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 38.1</p> <p>Stated: Second time</p> <p>To be completed by: 7 January 2016</p>	<p>The registered persons should ensure that the recruitment and selection processes are reviewed; and that there are robust systems in place, to address the deficits identified in this inspection.</p> <p>Ref: Section 4.2</p> <hr/> <p>Response by registered provider detailing the actions taken: The recruitment selection process has been reviewed and records are being maintained as required for staff employed by the Home.</p>
<p>Recommendation 2</p> <p>Ref: Standard 12.19</p> <p>Stated: Second time</p> <p>To be completed by: 7 January 2016</p>	<p>The registered persons should ensure that the serving of meals is reviewed to ensure that the food is kept covered and hot until served to patients.</p> <p>Ref: Section 4.2</p> <hr/> <p>Response by registered provider detailing the actions taken: Staff ensure that all food is kept covered and maintained at the correct temperature until it is served to the residents. Kitchen staff also ensure that food leaving the kitchen is maintained appropriately with covers over the food and kept hot. Plate covers and cling film is provided. This is monitored daily by the staff nurse.</p>
<p>Recommendation 3</p> <p>Ref: Standard 35.13</p> <p>Stated: First time</p> <p>To be completed by: 7 January 2016</p>	<p>The registered persons should evidentially review the system for managing absenteeism levels in the home. This review should also include contingency arrangements for when the staffing levels fall below those required, to meet the needs of the patients.</p> <p>Ref: Section 4.3.1</p> <hr/> <p>Response by registered provider detailing the actions taken:</p>

	<p>The system for the management of absenteeism levels has been evidentially reviewed and updated to include contingency arrangements for when staff levels fall below those required to meet the needs of the residents.</p>
<p>Recommendation 4 Ref: Standard 12.25 Stated: First time To be completed by: 7 January 2016</p>	<p>The registered persons must ensure that patients are offered appropriate clothing protectors which respect their dignity and protect their clothing. Ref: Section 4.3.1</p> <p>Response by registered provider detailing the actions taken: The Home has purchased new clothing protectors for residents use at meal times. These are offered at meal times to residents.</p>
<p>Recommendation 5 Ref: Standard 22.4 Stated: First time To be completed by: 7 January 2016</p>	<p>A recommendation has been made that the patients' falls risk assessments and care plans are updated in response to each time a patient falls. Ref: Section 4.3.3</p> <p>Response by registered provider detailing the actions taken: Staff complete accident reports following a resident's fall.. Care plans and falls risk assessment are also reviewed and updated to reflect this following a fall. Subsequent action is taken at this time to decrease fall risk for the resident. This is recorded also in the accident report. Accident reports are monitored and audited regularly by the Home.</p>

<p>Recommendation 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 7 January 2016</p>	<p>A recommendation has been made that care plans are updated in response to acute infections.</p> <p>Ref: Section 4.3.3</p> <hr/> <p>Response by registered provider detailing the actions taken: Staff are completing care plans for residents in response to acute infections at the time of the infection being diagnosed.</p>
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