



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 1 March 2020



## Brooklands Healthcare Antrim

**Type of Service: Residential Care Home**  
**Address: 50 Bush Road, Antrim, BT41 2QB**  
**Tel No: 028 9446 0444**  
**Inspector: Marie-Claire Quinn**

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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 care home which provides care for up to 44 residents living with dementia. The home is divided into two floors and shares the same location as a registered nursing home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Brooklands Healthcare Ltd  <b>Responsible Individual(s):</b> Therese Elizabeth McCreary	<b>Registered Manager and date registered:</b> Sharon McCreary Acting
<b>Person in charge at the time of inspection:</b> Holly Lyle, Senior Care Assistant	<b>Number of registered places:</b> 44
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Total number of residents in the residential care home on the day of this inspection:</b> 43

### 4.0 Inspection summary

An unannounced care inspection took place on 1 March 2020 from 13.45 hours to 16.50 hours. This inspection focused on the following areas:

- care delivery
- residents' relatives views
- activities
- the home's environment
- safeguarding

Comments received from residents, people who visit them and staff during 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 resident experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Holly Lyle, person in charge, and Sharon McCreary, manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection on 27 August 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 August 2019.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the previous inspection findings and any written or verbal correspondence received by the home.

During the inspection the inspector met with 23 residents, six staff and seven residents' relatives.

The following records were examined during the inspection:

- hospital discharge readmission checklist
- activities schedule
- the care plans and risk assessments for three residents
- adult safeguarding champion policy
- audit of accidents and incidents dated February 2020
- adult safeguarding policy (provided post inspection)

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance recorded as met, partially met, or not met.

The findings of the 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 on 27 August 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 9.3 <b>Stated:</b> First time	The registered person shall develop a protocol for obtaining relevant information following a resident's discharge from hospital in a timely manner.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We spoke with two senior care assistants who outlined the current protocol and how this is managed in the home. Staff confirmed the use of a checklist when planning for a resident's readmission to the home following a hospital admission. Copies of this were readily available in the staff office. Review of this template evidenced that it was satisfactory.	

## 6.2 Inspection findings

### 6.2.1 Care delivery

Residents looked well cared for, in clean and comfortable clothing. No concerns about staffing or the care in the home were raised by residents. One resident commented, "Don't I look well? I'm 90 and I'd live here for another 90 years!"

We saw care being delivered in an organised and unhurried manner by polite, friendly and cheerful staff. There was good communication and interaction between all staff, residents and visitors. Staff were skilled in reassuring and diverting any resident who presented with signs of distress or confusion.

The staff we spoke with had a good knowledge and understanding of resident's individual needs and preferences. Staff were positive about working in the home and the care being provided to residents:

- "I'm very happy to have a job here and work with residents. This is their home."
- "There is a nice wee community here. It's busy, but you get to know everyone. I think it's well organised; we get a good handover and support. Staff are so friendly."
- "I think the home is nice, calming and spacious. There's always plenty going on, and everyone is friendly."

## 6.2.2 Residents' relatives' views

There was a homely, relaxed and friendly atmosphere; visitors were warmly welcomed by staff, and some joined their relatives in the communion service available on Sundays. All the residents' relatives we spoke with during the inspection were very positive about the home. Comments included:

- "It's five stars. Superb. The staff couldn't do enough for my husband. He's very well cared for."
- "My father has been here for three months and we have no concerns or complaints. He settled in well and has made lots of friends. The staff look after him and are very good at letting us know how he is. They get out on plenty of outings and we don't worry about him being here. We're able to visit at any time and have gotten to know the other residents and staff well."
- "We are very happy with the care here."
- "No complaints at all! The staff are very good and kind and make sure everyone is comfortable."

## 6.2.3 Activities

Residents' art work and photographs of residents enjoying different activities were displayed throughout the home. The activity schedule on display advertised a good range of social, cultural and spiritual activities available for residents, including chair Irish dancing, baking, traditional music, Mass service and Mother's Day celebrations.

An area of good practice was identified as the home has arranged for a dementia friendly barber to visit on a monthly basis and this has been very popular with the male residents.

It was also lovely to see thank you cards and the 'Postcards of Kindness' project with a map and postcards from around the world used to add to the homely atmosphere and to provide residents with additional diversionary activities.

## 6.2.4 The home's environment

The home was clean, warm and tidy and had been decorated and maintained to a high standard.

Staff practised and encouraged good hygiene among residents and visitors.

A new office space has recently been developed in the upstairs floor of the home. This room requires some ventilation, for staff's comfort. Discussion with staff and the manager confirmed that this was to be completed the next day. The office door will also be fitted with automatic closures for fire safety and staff agreed to cease the practice of wedging this door open immediately. Some disused equipment had been left in the stairway during this refurbishment and was removed on the day of the inspection.

## 6.2.5 Safeguarding

A copy of the home's Adult Safeguarding policy was provided to RQIA electronically after the inspection. Review of this evidenced that it was satisfactory.

Discussion with staff established a good knowledge and understanding of the principles and procedures involved in adult safeguarding. Review of care records confirmed that appropriate action was taken to safeguard residents in conjunction with multi-disciplinary professionals.

When we spoke with staff there was a lack of knowledge and understanding in relation to the regional Mental Capacity (NI) Act 2016 and the Deprivation of Liberty (DoL) safeguards. We discussed the recent admissions to the home; staff were unclear of the application of the DoL safeguards.

The manager and senior care assistants had completed level 3 training in DoL safeguards. Not all care assistants had completed the level 2 training; this is mandatory for all staff in the home. When we discussed this with management, we were satisfied that there was a timely plan in place to address this, particularly for recently recruited staff.

Following the inspection, the manager confirmed that they were in the process of ensuring the necessary safeguards for residents were in place. The home will also consider reviewing their pre-admission assessment to ensure this information is sought prior to admission.

### Areas of good practice

Evidence of good practice was identified in relation to the person centred, organised and compassionate care delivery in the home. There were also positive relationships between staff, residents and relatives and good activities provision.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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