



# Unannounced Care Inspection Report 26 February 2019



## Brooklands Healthcare Antrim

Type of Service: Residential Care Home  
Address: 50 Bush Road, Antrim BT41 2QB  
Tel No: 028 9446 0444  
Inspector: John McAuley

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 44 beds that provides care for residents living with dementia. The home is divided into two floors and is also within a shared registered nursing home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Brooklands Healthcare Ltd  <b>Responsible Individual:</b> Therese Elizabeth Conway	<b>Registered Manager:</b> Sharon McCreary
<b>Person in charge at the time of inspection:</b> Sharon McCreary	<b>Date manager registered:</b> Application not yet submitted
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of registered places:</b> 44

### 4.0 Inspection summary

An unannounced care inspection took place on 26 February 2019 from 10.00 to 13.30 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

This primarily was a focused inspection to review the provision of meals and mealtimes.

Evidence of good practice was found in relation to feedback from residents, general observations of care practices and staffs' knowledge and understanding of residents' needs and prescribed interventions, particularly senior staff.

One area requiring improvement was identified during this inspection. This was in relation to reviewing the provision of training in dementia with staff.

Feedback from residents and two visiting relatives was all positive.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Sharon McCreary, 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.

#### **4.2 Action/enforcement taken following the most recent care inspection**

No further actions were required to be taken following the most recent inspection on 8 August 2018.

#### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with 24 residents, two visiting relatives, six members of staff and the manager.

During the inspection a sample of records was examined which included:

- Staff supervision and annual appraisal schedules
- Staff training schedule and training records
- Four residents' care files
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering, Infection Prevention and Control (IPC), NISCC registration
- Accident, incident, notifiable event records
- Reports of visits by the registered provider

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 the most recent inspection dated 8 August 2018**

The most recent inspection of the home was an unannounced care inspection.

##### **6.2 Review of areas for improvement from the last care inspection dated 8 August 2018**

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

## 6.3 Inspection findings

### 6.3.1 Meals and mealtimes

A varied and nutritious diet is provided which met the individual and recorded dietary needs and preferences of the residents. The menu is rotated over a three weekly cycle. The menu offered a choice of meal each mealtime.

Residents are involved in the planning of menus.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussions with staff confirmed that they were aware of matters concerning residents' eating and drinking as detailed in residents' care plans. An inspection of a sample of four residents' care records pertaining to eating and drinking was undertaken. These records were maintained in informative detail with account of prescribed needs and evaluations of care.

The menus were displayed in prominent positions in the home, so that residents know what was available at each mealtime.

Meals were provided at conventional times throughout the day with drinks and snacks available in between. Residents can also have a snack or drink on request. Fresh drinking water was readily available.

The lunch time meal was appetising and nicely presented. The dining room was nicely facilitated. Tables were nicely set with choice of condiments. There was a nice ambience in place for residents to enjoy their meal.

Discussions with residents during this inspection confirmed that they were very satisfied with this area of care. Some of the comments made included statements such as:

- "The dinners are lovely here."
- "There is always plenty of nice food."
- "I love the food here and mind you I am a fussy eater."

The catering facility was tidy and well organised.

### 6.3.2 The environment

The home was clean and tidy with good standard of furnishing and décor being maintained.

Communal areas were comfortable and nicely facilitated. Residents' bedrooms were comfortable and personalised.

The home was appropriately heated and fresh smelling.

The enclosed grounds of the home were nicely maintained and were enjoyed by a number of residents at the time of this inspection.

There were no obvious health and safety risks observed in the internal and external environment.

### **6.3.3 Residents' views**

The inspector met with 24 residents in the home at the time of this inspection. In accordance with their capabilities, all residents advised/confirmed that they felt a good standard of care was provided for, that staff acted with kindness and support, they enjoyed the meals and that the overall general atmosphere was good.

Some of the comments made included statements such as:

- "I am very happy here."
- "The staff are all lovely."
- "This is a very good place. No faults."
- "I can't praise the staff enough."

### **6.3.4 Relatives' views**

The inspector met with two visiting relatives at the time of this inspection. Both confirmed that they were very satisfied with the provision of care and the kindness and support received from staff.

### **6.3.5 Care practices**

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Staff spoke positively about their roles and duties, training and managerial support. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management. Some of the comments made by staff included statements such as:

- "I had a great induction."
- "I would have no difficulties in my family member being cared for here."
- "The training is very good but I would like to see more hands on training on dementia."
- "My supervision and appraisal is all up-to-date."
- "The care is very good."
- "Management are great. Very approachable."

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

Staff advised that they were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. However, it was identified with staff that they felt additional training was needed in dementia as opposed to eLearning training. This has been identified as an area of improvement in accordance with standards, to review with staff this provision/aspect of training.

Discussion with the manager, inspection of accident and incidents notifications, care records and complaints records confirmed that any suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation and written records were retained.

The manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

The general atmosphere in the home was relaxed, homely and supportive. Residents appeared content, relaxed and at ease with their interactions with staff and their environment. Staff interactions were found to be polite, friendly and warm. Staff responded to residents' needs promptly and showed understanding of individual residents' needs, particularly reassurance with distress associated with confusion needs.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The report of the most recent visit in 29 January 2019 was inspected and found evidence to support good governance. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

### **6.3.6 Complaints and compliments**

The home's complaints policy and procedure was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with the manager confirmed that she was knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The home retains compliments received, e.g. thank you letters and cards, and there are systems in place to share these with staff.

### **6.3.7 Accident and incidents**

The home's accident, incident and notifiable events policy and procedure included reporting arrangements to RQIA. An inspection of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was inspected as part of the inspection process. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

## Areas of good practice

Areas of good practice were found in relation to feedback from residents, general observations of care practices and staffs' knowledge and understanding of residents' needs and prescribed interventions.

## Areas for improvement

One area of improvement was identified during this inspection. This was in relation to reviewing the provision of training in dementia.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Sharon McCreary, manager, 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 residential care 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.



<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 April 2019</p>	<p>The registered person shall review, in consultation with staff, the provision and content of training in dementia.</p> <p>Ref: 6.3.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>An experienced Training Manager has been employed by the company to deliver and oversee all required training and updates of same. Face-to-face dementia training has been prioritised and will be delivered to all staff over the coming weeks.</p>



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