

# Inspection Report

30 January 2024



## Brooklands Healthcare Antrim

Type of service: Residential Care Home  
Address: 50 Bush Road, Antrim, BT41 2QB  
Telephone number: 028 9446 0444

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Brooklands Healthcare Limited	<b>Registered Manager:</b> Mrs Perla Balmes - acting
<b>Responsible Individual:</b> Mr Jarlath Conway	
<b>Person in charge at the time of inspection:</b> Mrs Perla Balmes, manager	<b>Number of registered places:</b> 13
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of residents accommodated on the day of this inspection:</b> 12
<b>Brief description of the accommodation/how the service operates:</b> Brooklands Healthcare Antrim, Residential Care Unit, is a residential care home registered to provide health and social care for up to 13 residents living with dementia.  There is a registered nursing home located within the same building; the manager for this home manages both services.	

## 2.0 Inspection summary

An unannounced inspection took place on 30 January 2024, from 9.20 am to 6.30 pm and was completed by a care inspector and; an inspection of medicines management took place on 30 January 2024, from 9.15 am to 4.10 pm by a pharmacist inspector.

Prior to the inspection RQIA received information from the Northern Health and Social Care Trust (NHSCT) along with other intelligence, regarding care provision and medicines management. In response to this information RQIA decided to undertake a combined care and medicines management inspection.

From a care perspective, the inspection also sought to assess progress with all areas for improvement identified since the last care inspections and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

From a medicines management perspective this inspection focussed on reviewing a range of medicine records and care plans regarding the use of medicines prescribed and administered on a 'when required' basis for the management of distressed reactions and for those medicines administered covertly.

Five new areas for improvement were identified in relation to; International Dysphagia Diet Standardisation Initiative (IDDSI) levels, modified diets, eating and drinking care records, care plans and activities.

Addressing the areas for improvement will further enhance the quality of care and services in Brooklands Healthcare Antrim.

RQIA would like to thank the residents, staff and management for their assistance throughout the inspection.

### **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 the care 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 residents, relatives, staff or the Commissioning Trust.

To prepare for the medicines management inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. To complete the inspection, the following were reviewed, a sample of medicine related records, staff training and the auditing systems used to ensure the safe management of medicines. The inspector spoke with staff and management about how they plan, deliver and monitor the management of medicines in the home.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents 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 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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

#### 4.0 What people told us about the service

The inspectors spoke with a range of staff, residents and the management team during the inspection.

Feedback provided by the residents to the care inspector was generally positive. One resident told us, "I'm treated like a king in here." Other residents spoke positively about the staff and the care provided. Negative comments made by a resident regarding an incident were shared with the management team. RQIA were satisfied with the actions agreed by the management team.

Residents who were unable to comment on the care in the home appeared comfortable in their surroundings and their interactions with staff.

Staff told us they enjoyed working in the home and that there was good support from the management team. Staff told us they had good access to training and that they worked together as a team.

#### 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 13 July 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that medicines are administered as prescribed and accurate records of administration maintained.	<b>Met</b>
	This area for improvement is in specific reference to the management of inhaler preparations.	
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement has been met (see section 5.2.4).	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time	The registered person shall ensure that the building is kept clean and hygienic at all times with a focus on the areas identified during this inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Training, care delivery and record keeping

There were systems in place to ensure staff were trained and supported to do their job. Bespoke dementia training is currently being completed by all staff, specific to the registered category of care. Assurances were provided by the management team, that all staff would be required to complete this. This will be reviewed at the next inspection.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Residents were seated comfortably throughout the home in communal areas or their bedrooms based on their own preferred choice. Staff were attentive to the needs of residents, this was evident in their interactions with residents and the care being delivered. Staff were observed providing care to residents in a timely manner, for example the drinks trolley circulated the unit and staff were observed providing choice to residents. Residents were generally well presented, their clothing was clean, neat and tidy. Residents were dressed appropriately for the time of year.

Staff said there was good team work and that they felt well supported in their role. They reported they were satisfied with the staffing levels and the level of communication between staff and management. Some staff reported issues pertaining to the daily management of laundry in the home, for example delays in this being completed. This was discussed with the management team who provided assurances that this was being reviewed; this will be followed up at a future inspection.

We discussed the arrangements with staff when there is an identified need for bespoke one to one care. Staff demonstrated their knowledge regarding the need for timely correspondence with the manager in the home to request this. Staff told us these are kept under ongoing review to ensure this is the least restrictive form of practice. The manager confirmed a discussion takes place with the local trust to agree arrangements.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. There was evidence that residents' needs in relation to nutrition and the dining experience were being met.

Documentation was in place which reflected International Dysphagia Diet Standardisation Initiative (IDDSI) levels. However, one resident was provided with a meal that was not in keeping with their assessed Speech and Language Therapy (SALT) recommendations. This was brought to the attention of staff and was immediately addressed. A discussion took place with the management team for review and action as appropriate; two areas for improvement were identified.

There was a choice of meals offered, the food was attractively presented, smelled appetising, and portions were generous. A variety of drinks was also available.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

A sample of care records was reviewed and evidenced inconsistencies in the recording of SALT recommendations; an area for improvement was identified.

At times, some residents may be required to use equipment that can be considered to be restrictive, for example, alarm mats may be placed on flooring to assist the management of residents assessed as a higher risk of falls. A sample of alarm mats was reviewed and evidenced appropriate management. There was no auditing in place to ensure the monitoring of the use of restrictive practice. This had been identified by the manager prior to the inspection and assurances were provided that this was being reviewed. Given this assurance, an area for improvement was not identified, and will be reviewed at a future inspection.

Residents' individual likes and preferences were reflected throughout the records. Care plans did not always contain sufficient detail to meet the individual assessed need of the residents. A discussion took place with the management team and an area for improvement was identified.

### **5.2.2 Environment and Quality of Life**

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. Corridors were clutter free and walkways were kept clear and free from obstruction. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated and suitably furnished.

There was evidence throughout the home of 'homely' touches such as flowers and magazines. Residents told us that the home was kept clean and tidy.

Discussion with residents confirmed they were not always aware of what activities were available. Some residents made comments pertaining to the “lack of activities”. There was no evidence of planned activities taking place on the day of inspection and an activity schedule was not on display. Discussion with staff confirmed that there was limited opportunities to assist residents with meaningful activities as the majority of their time was devoted to ensuring care needs were met. This was discussed with the management and an area for improvement was identified.

### 5.2.3 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Perla Balmes has been acting as Manager since 25 January 2024.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. As previously discussed the manager was reviewing the current system of audits in place to ensure it was comprehensive.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

### 5.2.4 Medicines Management

#### Medicine records and care plans

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were mostly accurate and up to date. A second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.



Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed. Directions for use were recorded on personal medication records. Staff knew how to recognise a change in behaviour and were aware of the factors that this change may be associated with. Records of administration usually included the reason for and outcome of administration.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Care plans and pain assessments were in place and reviewed regularly.

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed and these were found to have been satisfactorily completed. Records were filed once completed.

Occasionally, residents may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the resident's care plan. Consent was recorded and care plans were in place when this practice occurred. However, care plans did not always include resident and/or medicine specific information to direct staff. An area for improvement was identified.

## 6.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	3

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team as part of the inspection process. The timescale for completion commences from the date of inspection.



## Quality Improvement Plan

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 February 2024</p>	<p>The registered person shall ensure staff are appropriately trained to identify IDDSI levels in relation to food and fluids for each individuals assessed need.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All staff have been redirected to complete Dysphagia Awareness e-learning module. Staff compliance with e-learning is monitored on a weekly basis by the Home Manager.</p> <p>In person training has also been arranged for staff.</p> <p>Residents IDDSI records are audited on a monthly basis. IDDSI competencies are completed on induction.</p> <p>A mealtime co-ordinator is allocated daily to oversee the dining experience at each mealtime and a checklist for staff to complete when undertaking this role has been created.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12 (5) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection (30 January 2024)</p>	<p>The registered person shall ensure that residents receive the correct modified diet in line with their assessed Speech and Language Therapy (SALT) recommendations.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A folder detailing speech and language recommendations is kept in the dining room and reviewed a minimum of monthly.</p> <p>A mealtime co-ordinator is allocated daily to oversee the dining experience at each mealtime and a checklist for staff to complete when undertaking this role has been created.</p> <p>The Home Manager completes a monthly Meal Times Assurance Questionnaire and Audit Tool. All learning is disseminated with staff.</p>

### Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.6</p>	<p>The registered person shall ensure that care plans are updated to accurately reflect SALT recommendations.</p>
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<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 February 2024</p>	<p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> A guide to Person Centred Care Planning has been created and shared with all staff.</p> <p>All residents are allocated a named worker to ensure sufficient oversight of care plans and that they are all reviewed and updated in a timely manner and in accordance with resident needs.</p> <p>The Home Manager completes a monthly care plan audit to ensure evaluations are completed in a timely manner. Furthermore individual resident care file audits are completed monthly by the Home Manager/Team Leader.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 February 2024</p>	<p>The registered person shall ensure that care plans are personalised and include specific, individualised interventions to meet the assessed needs of the resident.</p> <p>Ref: 5.2.1 &amp; 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> Detailed and person centred care plans have been formulated reflecting administration of medications for distressed reactions.</p> <p>Distressed Reactions Monitoring paperwork is in use for all residents prescribed 'when required' medication for the management of distressed reactions. Senior Care Staff record on every occasion when such medication is administered, the rationale for administration and the outcome of administration.</p> <p>The Home Manager/Team Leader completes a monthly distressed reaction audit.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 February 2024</p>	<p>The registered person shall ensure there is a structured programme of activities and that this is displayed in a suitable format for residents.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> A comprehensive activities programme was in operation within the Home at the time of inspection.</p>

	<p>The Home currently benefits from a full time Activities Therapist as well as a minimum of bi-weekly visits from our team of Complementary Therapists.</p> <p>A monthly planner is available and publicised within the home.</p>
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***\*Please ensure this document is completed in full and returned via the Web Portal\****



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