

# Inspection Report

13 July 2023



## Brooklands Healthcare Antrim

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

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Brooklands Healthcare Ltd  <b>Responsible Individual:</b> Ms Therese Elizabeth Conway	<b>Registered Manager:</b> Mr Leslie Stephens – not registered
<b>Person in charge at the time of inspection:</b> Mr Leslie Stephens	<b>Number of registered places:</b> 13
<b>Categories of care:</b> Residential Care (RC) DE – dementia	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 12
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 14 residents living with dementia.  There is also a registered Nursing Home located within the same building and for which the manager also has operational responsibility and oversight. The Residential Care Home is located on the first floor of this building.	

## 2.0 Inspection summary

An unannounced inspection took place on 13 July 2023, from 10.25 am to 3.40 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was bright and welcoming. Residents were well presented and comfortable in their surroundings.

It was evident that staff promoted the dignity and well-being of residents and were knowledgeable in their roles. Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified regarding maintenance of the home's environment.

RQIA will be assured there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

### **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 this 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.

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 manager at the end of the inspection.

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

Resident's spoken with provided positive feedback about the care and staff in the care home. Resident's said "It's very good in here, I only have to ask and the staff will get it for me." Another resident told us "(I) couldn't ask for better in here."

Staff told us they enjoy working in the care home and that they receive good support from management.

No questionnaires were received from staff, residents or relatives following the inspection.

A record of compliments received about the home was kept and shared with the staff team; this is good practice. One compliment read "...really appreciate all you do for mum. You are all so kind."

## 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 1 <sup>st</sup> March 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>Carried forward to the next inspection</b>
	This area for improvement is in specific reference to the management of inhaler preparations.  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 21 (1) (b)  <b>Stated:</b> First time	The registered person shall ensure that before making an offer of employment any gaps in employment are explored and explanations recorded and that the reason for leaving is consistently recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> First time	The registered person shall ensure residents risk assessments are completed prior to the development of care plans following admission to the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for improvement 4</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.  This area for improvement relates to the following: <ul style="list-style-type: none"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene.</li> </ul>	<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 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job.

Staff said there was good team work and that they felt well supported in their role. This was also observed during staff interactions and delegation of tasks. One staff member told us “today we are short staffed.” Additional staffing was sourced during the inspection by the manager. Staff were observed responding to requests for assistance promptly in a caring and compassionate manner. Residents said staff were attentive and responsive to their needs.

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

### 5.2.2 Care Delivery and Record Keeping

Residents were well presented, clean, neat and tidy; and dressed appropriately for the time of year. Staff were observed to be prompt in recognising residents’ needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. For instance, staff took their time to engage and interact with residents during the serving of hot drinks and snacks.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Examination of records confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to their GP, or for physiotherapy.

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. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

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

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was fresh and welcoming. Residents' bedrooms were bright and spacious, personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

A number of bathroom cabinets were noted to be worn making these difficult to effectively clean. The manager confirmed replacements were ordered and issued for delivery following the inspection.

There was evidence throughout the home of 'homely' touches such as flowers, newspapers, magazines, snacks and puzzles. Corridors were decorated appropriately which made for a bright and welcoming atmosphere. One of the lounges had some pieces of furniture which were showing signs of wear and tear. This was discussed with the manager who confirmed plans were underway for these to be re-upholstered. This will be reviewed at the next inspection.

On the day of inspection, it was evident that a number of areas in the home required a deeper clean. This included crash mats, windows entering into the dining area, window sills and shower heads. The specific details were shared with the manager for their action and review. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

### 5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Could have birthday parties with family/friends in their room or one of the lounges, could partake in groups and musical events.

Residents were observed to be seated comfortably in lounges, along the corridor or in their rooms. It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents told us they enjoy living in Brooklands and that they have adequate opportunities for social stimulation and interaction. There was a range of activities provided for residents by staff. Residents told us they have opportunities to get involved in a range of activities including, colouring, puzzles, games and knitting. Opportunities are also made available for religious ceremonies. Staff ensured resident's had the television and radio on a channel of their preferred choice.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Leslie Stephens has been the Manager in this home since 8 November 2022. Mr Stephens is in the process of progressing his application to register with RQIA.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The operations manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents said that they knew how to report any concerns and said they were confident that the manager and staff would manage this appropriately. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices the quality of services provided by the home. This is good practice.

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. Staff commented positively about the manager and reported that they felt supported in their work.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

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.

### 7.0 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 (August 2022) (Version 1:1)**.



	Regulations	Standards
<b>Total number of Areas for Improvement</b>	*1	1

\* the total number of areas for improvement includes one regulation that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Leslie Stephens, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection	<p>The registered person shall ensure that medicines are administered as prescribed and accurate records of administration maintained.</p> <p>This area for improvement is in specific reference to the management of inhaler preparations.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and ongoing	<p>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.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            A meeting was held with all housekeeping staff to review the current schedule of cleaning, supervisions were also completed with staff.            An environmental audit is in place to monitor the cleaning within the building on an ongoing basis.</p>

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care

