

Unannounced Care Inspection Report 10 March 2021



Brooklands Healthcare Antrim

Type of Service: Residential Care Home (RCH)

Address: 50 Bush Road, Antrim, BT41 2QB

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Inspector: Sharon McKnight

www.rqia.org.uk

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 residential care home registered to provide residential care for up to 44 residents.

3.0 Service details

Organisation/Registered Provider: Brooklands Healthcare Ltd Responsible Individual: Therese Elizabeth Conway	Registered Manager and date registered: Sharon McCreary
Person in charge at the time of inspection: Christina Carson, unit manager.	Number of registered places: 44
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential home on the day of this inspection: 41

4.0 Inspection summary

An unannounced care inspection took place in this home on 10 March 2021 from 10:45 – 17:00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. The inspection sought to establish if the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures
- leadership and governance.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Therese Conway, responsible person, and Christina Carson, unit 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection we met with seven residents, one relative and five staff. Questionnaires and 'Tell Us' cards were also left in the home to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The following records were examined during the inspection:

- duty rota for week commencing 5 March 2021
- staff registration with the Northern Ireland Social Care Council (NISCC)
- a selection of audits
- monthly monitoring reports
- complaints and compliments records
- incident and accident records
- three residents' care records.

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(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 1 March 2020. There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing

We reviewed the staff rotas for the week commencing 5 March 2021. This review confirmed that the staffing numbers identified had been consistently provided. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support. Residents told us that staff were helpful and good to them. Residents were offered meaningful activities throughout the day, facilitated by the activities co-ordinator.

We spoke with the senior care assistants and care assistants on duty; staff displayed commitment and empathy towards the residents; they had a good knowledge and understanding of residents' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, residents and relatives. Staff told us that they felt well supported in their roles and were satisfied with the staffing levels.

We discussed the registration of staff with NISCC. We observed that checks were being completed monthly and that all of the staff listed on the duty rota for the week of the inspection were appropriately registered or, for recently appointed care staff, in the process of registering.

We provided questionnaires in an attempt to gain the views of relatives, residents and staff who were not available during the inspection; unfortunately none were returned.

6.2.2 Care delivery

The atmosphere throughout the home was relaxed and well organised. Residents were either being cared for in their individual bedrooms or in the lounge areas. Residents were supported by staff to adhere to social distancing where possible although this was challenging due to residents' varying levels of understanding.

We joined the residents in the dining room for lunch; there was a choice of two dishes and we saw that both options were appetising and nicely presented. Residents were assisted with their lunch in a timely manner and we observed relaxed interactions between residents and staff throughout the mealtime.

We discussed the arrangements for residents to receive visitors. Visiting for all residents was facilitated in a designated room. Precautions such as a booking system, temperature checks and provision of Personal Protective Equipment (PPE) were in place for visitors to minimise the risk of the spread of infection. Residents could also receive window visits from their loved ones. Separate arrangements were in place to ensure that residents receiving end of life care could be visited by loved ones. Care partner arrangements were in place for a number of residents. We spoke with one relative who was a care partner. They spoke of the positive impact on their loved one of being able to visit and be directly involved in their care again. The home were proactive in encouraging relatives and friends to become care partners, this was commended.

Staff recognised the importance of maintaining good communication with families during the current pandemic. The care staff assisted residents to make phone calls with their families in order to reassure relatives.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards.

- "... the combination of the personal attention which she received, the professional and caring approach from all the team and to always find conditions clean and pleasant was most reassuring."
- "We are so grateful for all your hard work and kindness to my (relative) always but especially during these times of crisis."

6.2.3 Care records

We reviewed the care records for three residents which evidenced that detailed, comprehensive care plans were in place to direct the care required. The records were written in a professional manner and used language which was respectful of residents. There was evidence that care plans and associated risk assessments were completed and reviewed on a regular basis.

Review of the progress notes confirmed that staff maintained a record of daily care provided in the home along with the outcomes of such treatment. Weekly food charts were maintained to record residents' dietary intake. These were not always dated; this was identified as an area for improvement.

6.2.4 Infection prevention and control (IPC) measures

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and PPE were available at the entrance to the home. Signage had also been placed at the entrance to the home which provided advice and information about COVID-19. Staff and resident temperatures were being checked and recorded a minimum of twice daily. Staff and residents were tested regularly as part of the national testing programme for care homes.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Staff were knowledgeable of the correct use of PPE, wore face masks, aprons and gloves appropriately and were observed applying and removing PPE. Good compliance was observed with their use of hand sanitising gel and hand washing.

Supporting residents in an effective and compassionate manner to adhere to self-isolation can be challenging, especially when caring for individuals living with dementia. However, we observed that there was a lack of arrangements in place to support residents who require to self-isolate. This was identified as an area for improvement. It was good to note that work to address this area commenced prior to the conclusion of the inspection.

6.2.5 Leadership and governance

There was a clear management structure within the home. The manager retained oversight of the home and was supported in her daily role by the responsible individual and unit manager, both of whom facilitated the inspection in the absence of the manager. Staff described the management team as supportive, approachable and available for guidance and support.

We looked at the records of accidents and incidents; we found that all had been managed and reported appropriately. Falls in the home were monitored on a monthly basis for any patterns and trends, to ensure any risks were identified and managed.

A number of audits were completed on a monthly basis to ensure the safe and effective delivery of care. For example hand hygiene, use of PPE, environment hygiene audits, accidents and care records. If deficits were identified, records evidenced that areas had been re-audited to confirm the required improvements were made.

Records were available of any complaints and compliments received. Complaints records included the detail of the complaint, the outcome of any investigations and the action taken.

We examined the reports of the visits made on behalf of the registered provider for the period September 2020 to March 2021. No onsite visits took place during the outbreak of infection in November 2020 and January 2021. Where any issues were identified, an action plan was included in the report. The action plan was reviewed and commented on at each subsequent visit.

Areas of good practice

Areas of good practice were identified with regard to staff commitment to residents care, care delivery and the provision and usage of PPE.

Areas for improvement

Areas for improvement were identified with the arrangements for self-isolation and ensuring that staff record the date on food intake charts.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were timely in responding to residents' individual needs with a good understanding of their individual wishes and preferences. Staff spoke confidently of the importance of supporting residents throughout the current pandemic.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Therese Conway, responsible person, and Christina Carson, unit 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 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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(7) Stated: First time To be completed by: Ongoing from the date of the inspection	The registered person shall ensure that arrangements are in place to support residents as far is practically possible to self-isolate. Ref: 6.2.4 Response by registered person detailing the actions taken: Correct isolation protocol has been reiterated to all staff members via supervision. Isolation protocol flowchart has been clearly displayed in offices and treatment rooms for easy reference.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 8.5 Stated: First time To be completed by: Ongoing from the date of the inspection	The registered person shall ensure that staff record the date on food intake charts. Ref: 6.2.3 Response by registered person detailing the actions taken: Importance of full completion of paperwork reiterated to all staff via supervision. Weekly spotchecks completed on dietary intake paperwork to monitor compliance.

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



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