

Inspection Report

16 December 2022



Brooklands Healthcare Antrim

Type of service: Residential Care Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Brooklands Healthcare Ltd Responsible Individual: Ms Therese Elizabeth Conway.	Registered Manager: Mr Leslie Stephens – not registered
Person in charge at the time of inspection: Mr Leslie Stephens - manager	Number of registered places: 13
Categories of care: Residential Care (RC) DE – dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 13
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 14 residents. The home is located on the first floor in which care is provided to people 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.	

2.0 Inspection summary

An unannounced inspection took place on 16 December 2022 from 9.25 am to 3.45 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and in Section 6.0. Two areas for improvement identified at a previous care inspection were met. One area for improvement identified at the previous medicines management inspection was carried forward for review by the pharmacy inspector.

Residents were happy to engage with the inspector and share their experiences of living in the home. Residents expressed positive opinions about the home and the care provided. Residents said that staff members were helpful and pleasant in their interactions with them.

RQIA were assured that the delivery of care and service provided in Brooklands Healthcare Antrim was provided in a compassionate manner by staff who knew and understood the needs of the residents.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 Brooklands Healthcare Antrim. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoke positively about the care that they received and about their interactions with staff. Residents confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One resident told us, "The staff are kind and they treat me as well as can be" while another resident said, "We are well cared for. It is not home, but they make it as homely as can be".

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No questionnaires were returned by residents or relatives and no responses were received from the staff online survey.

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 June 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that medicines are administered as prescribed and accurate records of administration maintained. This area for improvement is in specific reference to the management of inhaler preparations.	Carried forward to the next inspection
	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.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 9.3 Stated: First time	The registered person shall ensure residents are appropriately monitored following a fall and that all such observations/actions taken post fall are appropriately recorded in the resident's care record.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that resident care plans and risk assessments evidence they are regularly reviewed to ensure they reflect the needs of the resident.	Met
	This area for improvement is in specific reference to the management of weight loss.	
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A system was in place to ensure staff were recruited safely. Staff selection and recruitment records reviewed for one employee did not evidenced that all pre-employment checks were completed. For example, gaps in employment were not explained and recorded while reasons for leaving previous jobs were not consistently recorded. This was discussed with the manager and assurances were given that the system for oversight of recruitment files would be reviewed. This was identified as an area for improvement.

Staff told us they were provided with a comprehensive induction programme to prepare them for providing care to residents. Checks were made to ensure that staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. The manager agreed to review this rota to ensure it identified the person in charge when the manager was not on duty.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the staffing levels.

Residents spoke positively about the care that they received and confirmed that staff attended to them in a timely manner. Residents said that they would have no issue with raising any concerns to staff. It was observed that staff responded to residents' requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff members were knowledgeable of individual residents' needs, their daily routine, wishes and preferences. Staff recognised and responded to residents' needs, including those residents who had difficulty in making their wishes or feelings known.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. It was observed that staff members were adept at comforting and reassuring residents who became distressed or anxious.

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. An isolated incident regarding the practice of one staff member was discussed with management who agreed to address this through supervision with the staff member concerned.

If a resident had an accident or a fall, a detailed report was completed. Review of one resident's care records identified that staff had responded correctly to support the resident and the residents falls risk assessments and care plans were consistently reviewed following the two falls reviewed. There was evidence that staff monitored residents following a fall although daily progress notes did not consistently comment on the status of the resident. This was discussed with the manager who agreed discuss this with staff and monitor completion of daily evaluation records. This will be reviewed at a future care inspection.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

It was observed that residents were enjoying their lunch. The dining experience was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Residents spoke positively in relation to the quality of the meals provided.

Residents' needs should be assessed at the time of their admission to the home. Following this initial assessment care plans should be developed to direct staff on how to meet residents' needs; and include any advice or recommendations made by other healthcare professionals. Review of care records for one identified resident confirmed that a number of care plans had been commenced prior to risk assessments had been completed. This included evidence that equipment that could be considered restrictive, such as an alarm mat, were in use prior to a best interest's discussion with next of kin. This was discussed with the manager who agreed to introduce an admission tracker to monitor the admission process. An area for improvement was identified.

There was evidence that, for the most part, care records were regularly reviewed and updated regarding changes in residents' needs. Review of one care file identified it had not been updated to reflect a change in the residents assessed needs. This was discussed with the person in charge who agreed to update the care records retrospectively.

Daily records were kept of how each resident spent their day and the care and support provided by staff; these records were person centred.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm and comfortable. Bedrooms and communal areas were suitably furnished, clean and tidy. Many of the bedrooms were personalised with items important to residents.

A number of bedrooms were observed to be missing a table top facility. This was discussed with the manager who agreed to audit the bedrooms in the home to ensure all resident equipment is available in keeping with standard E26 of the Residential Care Homes Minimum Standards 2011. This will be reviewed at a future care inspection.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place to ensure that residents, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 4 October 2022. No actions were identified by the fire risk assessor.

Staff were aware of the systems and processes that were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Any outbreak of infection was reported to the Public Health Authority (PHA).

There was an adequate supply of personal protective equipment (PPE) and hand sanitisers were readily available throughout the home. The manager agreed to consider erecting additional hand gel dispensers in the dining room and close to the lounge areas.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. In addition, some staff members were not familiar with the correct procedure for the donning and doffing of PPE. This was discussed with the manager and an area for improvement was identified.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. Some residents told us they liked the privacy of their bedrooms, but would enjoy going to the lounge for meals. Residents were observed enjoying listening to music, reading newspapers and magazines and watching TV, while others enjoyed a visit from relatives or took part in arts and crafts with the activity co-ordinator.

Staff members said they did a variety of one to one and group activities to ensure all residents had some activity engagement; although there was no evidence that planned activities were in place for residents within the home. This was discussed with the manager who agreed to review activity provision and ensure an activity planner is in place. This will be reviewed at a future care inspection.

5.2.5 Management and Governance Arrangements

Staff members 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 has been a change in the management of the home since the last inspection. Mr Leslie Stephens has been the manager since 8 November 2022. RQIA were notified appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was generally good. Shortfalls identified following review of the IPC/PPE audits were discussed with the manager who agreed to review how to improve the governance of these areas. The manager agreed to view the restrictive practice audit and consider additional forms of restraint. This will be reviewed at a future care inspection.

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

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

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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 (August 2011) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	4*	0

*The total number of areas for improvement includes one that has been carried forward for review by the pharmacy inspector.

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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (13 June 2022)</p>	<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>Ref: 5.1</p>
	<p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (16 December 2022)</p>	<p>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.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All interview documentation includes a prompt for interviewers and a section to record any gaps in employment and explanations for leaving.</p> <p>The employment checklist has been enhanced to include a second check to ensure gaps in employment/ explanations of leaving were discussed and recorded at interview before an offer of employment is made.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (16 December 2022)</p>	<p>The registered person shall ensure residents risk assessments are completed prior to the development of care plans following admission to the home.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>An admission checklist is in place and supervision has been completed with all Senior Care Staff to ensure full compliance with the admission process.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (16 December 2022)</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A staff Infection Prevention and Control Observation tool is in place, which includes questioning staff on their knowledge and practice regarding hand hygiene.</p> <p>Supervisions have been held with all staff regarding this area for improvement.</p>

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