



# Unannounced Care Inspection Report 27 August 2019



## Brooklands Healthcare Antrim

**Type of Service: Residential Care Home**

**Address: Residential Unit, 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.

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 registered residential care home which provides care for up to 44 residents living with dementia. The home is divided into two floors and shares the same location as a registered nursing home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Brooklands Healthcare Ltd  <b>Responsible Individual(s):</b> Therese Elizabeth Conway	<b>Registered Manager and date registered:</b> Sharon McCreary - acting
<b>Person in charge at the time of inspection:</b> Sharon McCreary	<b>Number of registered places:</b> 44
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Total number of residents in the residential care home on the day of this inspection:</b> 43 plus one resident in hospital

### 4.0 Inspection summary

An unannounced inspection took place on 27 August 2019 from 10.00 to 14.20 hours.

The inspection assessed progress with the one area of improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the staffing in the home, how they worked well as a team, their knowledge of residents' needs and care and the organised unhurried care practices. Good practices were also found in relation to the upkeep of the environment, maintenance of care records, audits and governance arrangements.

One area requiring improvement was identified during this inspection. This was in relation to developing a protocol for obtaining information following a resident's discharge from hospital.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff. Some of the comments included; "It is very good here" and "I have no complaints".

Comments received from residents, people who visit them and staff during the inspection, are included in the main body of this report.

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
<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 inspection dated 26 February 2019**

The most recent inspection of the home was an unannounced care inspection undertaken on 26 February 2019. Other than the one action detailed in the QIP no further actions were required to be taken.

### **5.0 How we inspect**

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information and any other written or verbal information received such as notification reports.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses from any of these questionnaires were received in time for inclusion to this report.

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

- staff duty rota
- staff supervision and appraisals schedule
- staff training schedule and training records
- four residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident / incident records

- reports of visits by the registered provider/monthly monitoring reports
- legionella risk assessment
- fire safety risk assessment
- fire safety records
- RQIA registration certificate

The one area of improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met, partially met, or not met.

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 last care inspection dated 26 February 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> Ref: Standard 23.4 Stated: First time	The registered person shall review, in consultation with staff, the provision and content of training in dementia.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This has been put in place with positive feedback received from staff during this inspection.	

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

Throughout this inspection residents advised and indicated that they felt safe in the home and that staff were responsive to their needs and were kind and supportive. Staff also advised that there was adequate staffing in place to take account of resident dependencies and the size and layout of the home.

## **Staffing**

Inspection of the duty rota confirmed that it accurately reflected the staff on duty at the time of this inspection.

The manager advised that staffing levels were in keeping with resident dependencies and the size and layout of the home. The staffing levels over the 24 hour period was discussed. Discussions with residents and staff confirmed that they felt there was adequate staffing in place to meet residents' needs.

### **Staff induction, supervision and appraisal**

Discussions with staff confirmed that they had received a comprehensive programme of induction on appointment. An inspection of the programme of supervisions and appraisals found these were being maintained on a regular and up-to-date basis for all staff. Staff spoke positively about this provision.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. This was being audited on a monthly basis.

### **Staff training**

Inspection of staff training records found that mandatory requirements and other training needs were being met. A matrix of staff training was in place which identified when staff have last received their mandatory training and when up-date training is required.

### **Safeguarding**

Discussions with staff confirmed that they had knowledge and understanding of safeguarding principals. Staff were aware of their obligations to report any concerns and advised that they found management to be approachable. They also advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with such appropriately. Staff were knowledgeable of the Health and Social Care Trust's role in safeguarding and these contacts details were displayed.

### **Environment**

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' bedrooms were comfortable and personalised. Communal areas were nicely facilitated and provided a relaxed space for residents to enjoy.

There was good provision of infection prevention and control aids and equipment throughout the environment. Added to this there was accessible information available to residents, their representatives, visitors and staff on the need for good infection prevention and control practices.

The ground floor enclosed courtyard garden of the home was accessible and nicely facilitated. A light fitting was found to be broken with wiring exposed. This was brought to the immediate attention of the maintenance supervisor who resolved this risk immediately. This is most reassuring.

## Fire safety

An inspection of the home's most recent fire safety risk assessment, dated 1 May 2019, was undertaken. There were four recommendations made as a result of this assessment, which had corresponding evidence of actions taken.

An inspection of fire safety records confirmed that all staff were in receipt of up-to-date fire safety training and drills. Fire safety checks on the environment were also carried out by staff on a regular and up-to-date basis.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, support and the environment.

## Areas for improvement

There were no areas for improvement identified during the inspection in respect of this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Discussions with the manager, the unit manager and staff confirmed that they had good knowledge and understanding of residents' needs and prescribed care interventions. Staff also advised that there was good communication and teamwork between staff members for the benefit of residents.

## Care records

An inspection of a sample of three residents' care records was undertaken. The care records were methodical and detailed in the information recorded. These records also were maintained in line with the regulations and standards. Records included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment and risk assessments, such as, safe moving and handling, nutrition, falls, were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

An area of improvement in accordance with standards was identified in obtaining medical information in a more timely manner following resident(s) discharge from hospital. This information now goes directly from the hospital to the GP, whereas before it was copied into the home. The home now has to obtain the information from the GP. A protocol needs to be put in place to ensure that such relevant information is obtained from the GP in a timely manner following a resident's discharge from hospital.

### **Effectiveness of care**

Throughout this inspection there were examples of good delivery and effectiveness of care observed. Care practices such as safe moving and handling and infection prevention and control were found to be maintained in line with good practice.

Staff took time to interact with residents and consent was requested when seeking to undertake tasks with personal care or with assistance with mobility.

Residents were dressed well in matching clean attire. Glasses and walking aids were clean and appeared in good working order.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffs' knowledge and understanding of residents' needs, prescribed care interventions and how this impacted on the culture and ethos of the home.

### **Areas for improvement**

One area of improvement was identified during the inspection. This was in relation to developing a protocol for obtaining information following a resident's discharge from hospital.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

#### **6.5 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Staff interactions with residents were found to be friendly, polite and supportive. A nice ambience was in place with residents being comfortable and at ease in their environment and interactions with staff.



## Residents' Views

Discussions were undertaken with 20 residents in the home at the time of this inspection. In accordance with their capabilities, residents confirmed that they were happy with the provision of care, the kindness and support received from staff and the provision of meals. Some of the comments included;

- "It is very good here"
- "I have no complaints"
- "They are very good to us here"
- "The dinners are suburb"
- "I am happy here. No problems".

## Dining experience

The dining rooms were suitably facilitated with tables nicely set with a choice of condiments. The choice of lunchtime meal was appetising, wholesome and nutritional. Staff attended to residents' needs in a caring and unhurried manner. A nice ambience was in place for residents to enjoy their meal. Feedback from residents throughout this inspection on the provision of meals was all positive.

## Visiting relatives' views

Discussions with three visiting relatives at the time of this inspection confirmed that they were very happy with the provision of care in the home and the kindness and support received from staff.

## Areas of good practice

There were examples of good practice in respect of this domain found throughout this inspection in relation to feedback from residents and general observations of care practices.

## Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The manager and the unit manager were available throughout this inspection for assistance and discussions. Both acted with confidence and competence and facilitated this inspection well.

## **Management arrangements**

The manager is supported by a line management structure as detailed in its statement of purpose. The residential home has a unit manager and a team of senior care assistants who take charge of the home in the absence of the registered manager. Any member of staff with this responsibility has a competency and capability assessment in place to support this.

## **Monthly monitoring visits**

The monitoring reports of 28 June 2019 and 31 July 2019 were inspected. These reports were recorded in good detail with action plan put in place for any issues identified. The reports gave good assurances in terms of governance.

## **Audits**

A comprehensive range of audits were in place to support the governance arrangements in the home. These audits were maintained on an up-to-date basis and contained evidence of actions taken in response to any issues identified. Audits included care records, the environment, infection prevention and control, the dining experience and the manager's daily overview audit.

## **Complaints**

An inspection of the record of complaints together with discussions with the manager confirmed that expressions of complaint or dissatisfaction are taken seriously and managed appropriately. The records contained details of the complaints, action taken, resolution and confirmation on whether the complainant was satisfied with the outcome.

## **Accidents and Incidents**

An inspection of accidents and incidents reports from 26 February 2019 confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The format of recording accidents and incidents was considered good. A monthly audit of accidents and incidents was undertaken. This was discussed with the manager who demonstrated good governance in respect of this.

## **Staff views**

Staff advised that they would feel comfortable about raising any concerns and they felt that it would be dealt with appropriately by management. Staff confirmed that there was good morale and working relationships within the home. Staff also advised that they felt a good standard of care was provided for and discussions revealed that they were positive and enthusiastic about their roles and duties.

## **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the governance arrangements and feedback from staff.

## Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 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.

## Quality Improvement Plan

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 9.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 September 2019</p>	<p>The registered person shall develop a protocol for obtaining relevant information following a resident's discharge from hospital in a timely manner.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A protocol is now in place for when a resident returns from hospital. This contains a detailed checklist for staff to complete, which includes them obtaining a copy of the hospital discharge letter within 24 hours of the resident returning to the home. A copy of this checklist has been disseminated to all relevant staff.</p>



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