

# Inspection Report

18 January 2022



## Brooklands Healthcare Antrim

Type of service: Residential Care Home  
Address: 50 Bush Road, Antrim, BT41 2QB  
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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 Ltd  <b>Responsible Individual:</b> Therese Elizabeth Conway.	<b>Registered Manager:</b> Mrs Jane Bell – Acting Manager
<b>Person in charge at the time of inspection:</b> Mrs Christine Carson – unit manager	<b>Number of registered places:</b> 31
<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> 26
<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 31 residents. The home is located on the ground 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 18 January 2022 from 9.55 am to 4.35 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 this is discussed within the main body of the report and Section 7.0.

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 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 residents and staff were asked 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

We spoke with nine residents and five staff. No questionnaires were returned and we received no feedback from the staff online survey.

The residents were complimentary regarding their experiences in the home and how well they were looked after by the staff. They confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff.

Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the residents.

Staff acknowledged the challenges of working through the COVID – 19 pandemic, particularly in relation to staffing levels, but all staff agreed that Brooklands Healthcare Antrim was a good place to work. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the residents.

## 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 10 March 2021		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure that arrangements are in place to support residents as far as is practically possible to self-isolate.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 8.5 <b>Stated:</b> First time	The registered person shall ensure that staff record the date on food intake charts.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records evidenced this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Checks were made to ensure that staff maintained their registrations with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis although it did not consistently identify the person in charge when the manager was not on duty. This was discussed with the manager who provided assurances that this would be addressed.

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. The majority of training during the COVID-19 pandemic had been completed electronically. Review of training compliance records identified mandatory training uptake was satisfactory.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and said when planned staffing levels were adhered to they had no concerns regarding the staffing levels. However, some staff consulted were not satisfied that there were sufficient staff numbers on occasions when staff sickness was not covered at short notice. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met and discussed the ongoing staffing challenges within the care home sector; they confirmed ongoing recruitment for staff within the home.

Residents were happy with the care that they received and confirmed that staff attended to them in a respectful manner; residents also 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 caring and compassionate manner.

### 5.2.2 Care Delivery and Record Keeping

Staff meet at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of residents' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in residents' care throughout the day.

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 were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to residents' next of kin, their care manager and to RQIA, as required.

If a resident had an accident or a fall, a detailed report was completed. Review of one resident's care records pertaining to a recent fall identified that staff had responded correctly to support the resident. However, the resident's falls risk assessment had not been updated following the fall and the daily evaluation records did not consistently comment on how the resident was following the fall. Details were discussed with the manager who agreed to implement a post fall monitoring tool and review the current falls policy to ensure staff managed all falls consistently in keeping with best practice guidance. 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, bed rails. Review of residents' records and discussion with the staff confirmed that the correct procedures were followed if restrictive equipment was used.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need support with meals ranging from simple encouragement to full assistance from staff. Lunch was a pleasant and unhurried experience for the residents. The food served was attractively presented and portions were generous. A variety of drinks were served with the meal. Staff attended to residents' dining needs in a caring and compassionate manner.

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

The management of weight loss was reviewed. Examination of one identified resident's record confirmed that their care plan had not been updated following a change in their assessed need. This had the potential to cause confusion in relation to the delivery of resident care. Details were discussed with the manager and areas for improvement were identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff. Some of the daily records reviewed were seen to contain repetitive statements and it was agreed that the manager would monitor daily evaluations to ensure these entries were more 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, clean and comfortable. Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy.

Fire safety measures were in place to ensure that residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed in 9 September 2021. Examination of records confirmed a number of staff had participated in a fire drill within the appropriate timeframe.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. There was an adequate supply of PPE and hand sanitiser although these were not always readily available in some areas of the home, particularly in some corridors, lounges and dining areas. This was discussed with the manager who provided assurances that this would be addressed.



Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. In addition, some staff were not familiar with the correct procedure for the donning and doffing of PPE. 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. For example, some residents told us they liked the privacy of their bedrooms, but enjoyed going to the dining room for meals and choosing where to sit with their friends. Other residents preferred to enjoy their meals and socialise in the lounge. Residents were observed enjoying listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

#### **5.2.5 Management and Governance Arrangements**

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 has been a change in the management of the home since the last inspection. Mrs Jane Bell has been the acting manager in this home since January 2022. RQIA were not notified appropriately. This was discussed with the manager and responsible individual and assurances were provided that this would be addressed.

Review of the home's governance systems and processes evidenced a number of areas that required to be reviewed to ensure these systems identified and addressed areas needing to be improved. This included care record and falls audits along with IPC practices and PPE use. RQIA acknowledged the management of Covid -19 and recent management changes had impacted the governance arrangements. RQIA were satisfied that the manager understood their role and responsibilities in terms of governance and needed time to address the areas for improvement identified as a result of this inspection. This will be reviewed at a future care inspection.

Discussion with staff and review of records confirmed that systems were in place for staff supervision and appraisal. 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.

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

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

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. These are available for review by residents, their representatives and RQIA.

## 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
<b>Total number of Areas for Improvement</b>	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jane Bell, 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</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"> <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> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have completed an update in donning/doffing, hand hygiene competency and supervision with the unit manager. Daily hand hygiene audits continue to monitor adherence.</p>



<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<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> 18 February 2022</p>	<p>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.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The 24hr post falls visual observation record has been updated to include more detailed descriptive recording of the residents presentation.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 February 2022</p>	<p>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.</p> <p>This area for improvement is in specific reference to the management of weight loss.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The unit manager completes a monthly weight audit which is cross referenced with each residents care plan to ensure it is reflective of any changes.</p>

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



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