

Inspection Report

17 August 2023



Brooklands Healthcare Kilkeel

Type of Service: Residential Care Home
Address: Residential Dementia Unit, 10 Newry Road
Kilkeel, BT34 4DT
Tel No: 028 4176 4968

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

Organisation/Registered Provider: Brooklands Healthcare Ltd	Registered Manager: Ms Sharon Troughton
Responsible Individual Jarlath Conway (Applicant)	Date registered: 18 June 2020
Person in charge at the time of inspection: Ms Sharon Troughton, Manager	Number of registered places: 9
Categories of care: Residential Care (RC): DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 9
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 nine residents. The home is situated on the ground floor. Residents have access to a communal dining room/lounge area. There is a Nursing Home which occupies part of the ground floor and second floor of the building. The Registered Manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 17 August 2023 at 09:45 am to 3:50 pm by two care inspectors.

The inspection was undertaken 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 care delivery, care plans, the provision of activities and the resident dining experience. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and maintaining good working relationships.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Sharon Troughton, Manager, as part of the inspection process and can be found in the main body of the report.

The home was found to be clean, tidy, comfortably warm and free from malodour.

The manager advised that staffing levels were reviewed regularly in order to meet the assessed needs of the residents. Staff were observed to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served by staff in an unhurried, relaxed manner and residents said that living in the home was a good experience.

Comments received from residents, residents' relatives, staff and visiting professionals are included in the main body of this report.

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 Ms Sharon Troughton, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Residents, staff and visiting professionals spoken with provided positive feedback about Brooklands Residential Care Home, Kilkeel. Residents told us that they felt well cared for; enjoyed the food and that staff were kind. Staff told us there was enough staff on duty to meet residents' needs and that the manager was approachable and they felt well supported in their role.

Following the inspection, we received three completed resident/relative questionnaires indicating they were very satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

Two staff members spoken with commented:

“I have worked in the home for a number of years. Sharon is a great manager and she has taught me a lot over the years. We have great support and the manager has the residents and the staffs best interests at heart” and “I enjoy my job. I know that if I had any concerns I could discuss them with the manager and I would be confident that they would be sorted out promptly.”

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The most recent inspection was undertaken by a pharmacist inspector on 18 February 2023; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including dysphagia awareness, first aid, moving and handling and adult safeguarding. We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS). The manager confirmed that staff had completed DoLS training and that arrangements have been made for new staff to complete the appropriate training. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

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. Ms Sharon Troughton, Manager, was identified as the appointed safeguarding champion for the home.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Staff told us they were confident that

they could report concerns about residents' safety and poor practice. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Review of records evidenced that all staff had completed supervision during 2023.

Appraisals had commenced and the manager advised that supervision is ongoing and that arrangements are in place that all staff members have regular supervision and an appraisal completed this year.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty and for medicine management.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Two visiting professionals spoken with commented:

"We've been coming in and out of the home for years and find staff very helpful. We have no issues at all."

Residents said they were happy in the home and felt well looked after. Interaction between staff and residents was respectful and friendly.

5.2.2 Care Delivery and Record Keeping

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.

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.

Care records regarding Deprivation of Liberty Safeguards (DoLS), nutrition for residents who are assessed as requiring a modified diet, personal care including oral hygiene, communication and sleeping routine were reviewed and evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed.

Nutritional risk assessments were carried out monthly using the Malnutrition Universal Screening Tool (MUST) to monitor for weight loss and weight gain.

Review of supplementary charts for residents regarding personal care, nutritional intake, skin checks and elimination/bowel habits evidenced they were well documented. Personal care records regarding the provision of showers/baths evidenced contemporaneous records were in place. Records reflected if residents had been offered a shower/bath or if they had refused care.

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 reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. They were knowledgeable about individual residents' needs including, for example, their daily routine preferences. Staff respected residents' privacy and spoke to them with respect. It was also observed that staff discussed residents' care in a confidential manner.

We observed the serving of the lunchtime meal in the dining room. Staff ensured that residents were comfortable throughout their meal. The daily menu was displayed in both written and pictorial form showing residents what was available at each mealtime. A choice of meal was offered and the food was attractively presented and smelled appetising. An effective system was in place to identify which meal was for each individual resident, to ensure residents were served the right consistency of food and their preferred menu choice. Meals were appropriately covered on transfer whilst being taken to residents' rooms. There was a variety of drinks available. Residents wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids and how to care for residents during mealtimes. Adequate numbers of staff were observed assisting residents with their meal appropriately, in an unhurried manner.

Residents told us that they enjoyed their meal.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout.

Residents' bedrooms were personalised, suitably furnished and tidy. Memory boxes outside bedrooms containing photos, ornaments and items important to each resident were well maintained and in good repair. Communal areas were appropriately furnished and comfortable. A variety of methods was used to promote orientation. Signage in the home was colourful and clear. There were clocks and photographs throughout the home to remind residents of the date, time and place.

Equipment used by residents such as walking aids were seen to be clean and well maintained.

The laundry and the cleaning store were observed to be appropriately locked.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

Observation of practice and discussion with staff confirmed that effective arrangements were in place for the use of personal protective equipment (PPE).

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were managed in line with DOH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Residents

It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend most of the time in their room and staff were observed supporting residents to make these choices.

Discussion with residents and staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. The programme of activities was displayed on the notice board in the corridor, advising residents of forthcoming events. Residents' needs were met through a range of individual and group activities such as bingo, strength and exercise sessions, puzzles, arts and crafts. Before lunch residents were observed to enjoy completing jigsaw puzzles with staff.

Residents told us that they enjoyed attending activities; they were aware of the activities provided in the home and that they were offered the choice of whether to join in or not. Review of daily records evidenced they were detailed and well documented to reflect the planned activities attended.

Staff recognised the importance of maintaining good communication between residents and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. Ms Sharon Troughton has managed the home since 18 June 2020. The certificate of registration issued by RQIA was appropriately displayed at the entrance of the home. Discussion with the manager

and observations confirmed that the home was operating within the categories of care registered.

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 and their care manager and appropriate action had been taken.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding the dining experience, care records, falls, wounds, restrictive practice for the use of alarm mats and infection prevention and control (IPC) including hand hygiene.

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.

The manager advised that resident, resident representative and staff meetings were held on a regular basis. Minutes of meetings were available.

Review of the home's complaints record evidenced that systems were in place to ensure that complaints were managed appropriately. Residents and staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well. The manager confirmed that no complaints have been raised from January 2023.

Staff commented positively about the manager and described her as supportive, approachable and responsive to any issues that were brought to her attention.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Sharon Troughton, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care

