

Inspection Report

3 February 2022



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 Responsible Individual Therese Elizabeth Conway	Registered Manager: Sharon Troughton Date registered: 18 June 2020
Person in charge at the time of inspection: Sharon Troughton –Registered Manager	Number of registered places: 9
Categories of care: RC-DE	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 within the same building as the Nursing Home on the ground floor. There is a communal dining room and two communal lounges in the home. 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 3 February 2022, from 10.30 am to 5.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Observation found that staff were professional and polite as they supported residents throughout the day. Staff were knowledgeable and confirmed they had received training for their role. Interaction between staff and residents showed that they were familiar with residents' individual needs.

Residents were seen to be well cared for and expressed that living in the home was a good experience. Attention had been paid to personal care and dressing, and residents were positive when discussing how staff cared for them.

Areas requiring improvement were identified and can be found in the Quality Improvement Plan (QIP) in section 7.0 of the report.

RQIA were assured that the delivery of care and service provided in Brooklands Healthcare Kilkeel was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' 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 this 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 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 Sharon Troughton, Registered Manger, at the conclusion of the inspection.

4.0 What people told us about the service

Five residents told us that they were happy in the home and they were well looked after. Residents were complimentary about the meals and the décor of their rooms.

Staff said they had received training for their roles, had an induction when they started their job and had a good knowledge of individual residents' needs.

Following the inspection we received two responses from the resident/relative questionnaires which confirmed they were either satisfied or very satisfied that care was safe, effective, compassionate and well-led.

There were no responses to the on-line survey. A record of compliments received about the home was kept and shared with the staff team.

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 care inspection on 9 January 2021		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, (August 2011) (Versions 1.1)		Validation of compliance
Area for improvement 1 Ref: Standard 23.6 Stated: First time	The registered person shall ensure that the signature of staff undertaking induction is recorded when each indicator is achieved.	Met
	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

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 moving and handling, fire safety and adult safeguarding. Further training was provided in dementia care. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. There was a written plan in place to ensure that staff received regular supervision and appraisal.

Review of a sample of employee recruitment records evidenced that robust systems were in place to ensure that residents are protected. Staff were recruited safely and there was clear documentation to support this.

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

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. The manager told us that the number of staff on duty was regularly reviewed.

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

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; residents were supported to spend time in their own bedrooms or in the communal lounge area.

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.

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

Staff were observed to be prompt in recognising residents' needs and any requests for assistance, including those residents who had difficulty in making their wishes or feelings known. Staff were seen to be skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed and chair alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed.

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

The dining experience was an opportunity of residents to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff were observed offering resident an alternative meal of their choice.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

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. The lunch time meal was a pleasant and unhurried experience.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

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. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs.

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.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy. For example; residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

While most of the homes environment was well maintained, flooring and memory boxes required repair or replacement. An area for improvement was identified

There was evidence throughout the home of 'homely' touches such as newspapers and snacks and drinks available. Country and western music was playing on the television and residents were chatting together in the lounge. There were photographs of local areas displayed on the walls in the hallway of the home.

Residents spoke positively about the cleanliness of the home and how staff kept their rooms clean on a regular basis.

Fire safety measures were in place and well managed to ensure 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.

The home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA)., however it was noted that staff worked between the nursing home and the residential home on the same day but did not fully adhere to infection prevention and control (IPC) measures to prevent the spread of COVID-19. This was discussed with the manager and an area for improvement was identified.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Could have family or friends in their room to visit and take part if the activities provided by staff in the home.

There was evidence that residents were encouraged to participate in regular residents meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example; planning activities and menu choices.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff. As said previously residents had helped plan their activity programme. The range of activities included painting, hair dressing, baking, bingo, crafts, movies and walks.

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

There has been no change in the management of the home since the last inspection. Mrs Sharon Troughton has been the registered manager in this home since 18 June 2020

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

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. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

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 patients, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home, however, not all accidents and incidents were notified to RQIA. An area for improvement was identified.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. Residents said that they knew who to approach if they had a complaint.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

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.

6.0 Conclusion

Residents were relaxed and enjoying listening to music in the lounge area. Staff were available and responsive to resident's needs. Staff were knowledgeable about residents preferences and offered choice of meals, snacks and drinks.

Resident and staff did not raise concerns about staffing levels or the care provided in the home. Resident and staff chatted in a friendly manner and staff were available to respond to residents' needs.

Based on the inspection findings three areas for improvement were identified. Two were in relation to safe and effective care and one was in relation to the service being well-led. Details can be found in the Quality Improvement Plan (QIP) in section 7.0.

7.0 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/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**.

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Sharon Troughton, Registered 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	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	The responsible individual shall make suitable arrangements to minimise the risk of infection and the spread of infection. This is in relation to movement of staff between the nursing and residential care homes. Ref: 5.2.3 Response by registered person detailing the actions taken: The nursing and residential care home continue to hold separate staffing rota's and if/as required (following a risk assessment) will follow the Home's Workforce contingency plan to ensure residents needs are met whilst adhering to IPC guidance.
Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect	The responsible individual shall ensure all notifiable events are reported to RQIA. Ref: 5.2.5 Response by registered person detailing the actions taken: Notifications are submitted as per recommended guidelines, this is audited on a monthly basis by the home manager and reviewed as part as the Regulation 29 visit.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 27 Stated: First time	The responsible individual shall ensure the premises are maintained and remain suitable for residents use. This is in relation to the areas identified for repair or replacement. Ref: 5.2.3
To be completed by: 31 March 2022	Response by registered person detailing the actions taken: I can confirm the area identified for repair will be replaced by the 25 th April 2022.

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



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