

Inspection Report

5 January 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 Responsible Individual Ms Therese Elizabeth Conway	Registered Manager: Ms Sharon Troughton 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 5 January 2023 at 10:20 am to 5:00 pm by the care inspector.

The inspection assessed progress with the areas for 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 care delivery, care plans 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, well-lit, 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, a residents' relative and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience to enhance the quality of care and service in the home.

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

4.0 What people told us about the service

During the inspection we spoke with three residents individually, small groups of residents in the dining room, a resident's relative and two staff.

Residents told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

Following the inspection we received one completed relative questionnaire indicating they were very satisfied that the care provided was effective, compassionate and well led. However, a concern was raised regarding having enough staff on duty if there was an incident. This was discussed with the manager who provided assurance that staffing levels are kept under regular review and in accordance with resident dependency levels. No staff questionnaires were received within the timescale specified.

A staff member spoken with commented:

“I love my job and the residents. I know all their likes and dislikes. We have great support and the manager is approachable.”

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 August 2022; no new areas for improvement regarding medicines management were identified.

Three areas for improvement carried forward from the last care inspection on 3 February 2022 were reviewed during this inspection and were validated as met.

Areas for improvement from the last inspection on 18 August 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 (7) Stated: First time	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	Met
	Action taken as confirmed during the inspection: Discussion with the manager and staff and review of the duty rota evidenced that staff no longer work between the nursing and residential care homes.	

Area for improvement 2 Ref: Regulation 30 Stated: First time	The responsible individual shall ensure all notifiable events are reported to RQIA. Ref: 5.2.5	Met
	Action taken as confirmed during the inspection: Review of a selection of accidents/incident reports evidenced that all notifiable events are reported to RQIA.	
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 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	Met
	Action taken as confirmed during the inspection: Observation of flooring throughout the unit and of memory boxes outside residents' bedrooms evidenced that these are suitably maintained and in good repair.	

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 first aid, moving and handling, infection prevention and control (IPC), fire safety, control of substances hazardous to health (COSHH) and adult safeguarding. Further training was provided regarding health and safety and food hygiene. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Review of records evidenced that staff had completed supervision and appraisal during 2022. The manager advised 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 generally 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.

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

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.

Review of care records regarding mobility and risk of falls 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.

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.

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.

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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

We observed the serving of the lunchtime meal in the dining room and noted that this mealtime provided residents with an opportunity to socialise together.

Staff wore aprons and the daily menu was displayed in the dining room showing residents what is available at each mealtime. A choice of meal and drinks was offered and staff had made an effort to ensure residents were comfortable throughout lunch. The food was attractively presented and smelled appetising and staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks. Residents said they enjoyed lunch.

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. Residents could choose where to sit and where to take their meals and staff were observed supporting residents to make these choices. Equipment used by residents such as walking aids were seen to be clean and well maintained.

The sluice room and the laundry 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 regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

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 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, for example, preferences for what clothes they wanted to wear, food and drink options. 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 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 armchair exercises, puzzles, arts and crafts.

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

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 in the foyer of the home. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

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.

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 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.

Residents, a resident's relative 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 during 2022.

Residents and staff spoken with commented positively about the manager and described her as supportive and approachable.

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.



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