



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 7 November 2019



## Brooklands Healthcare Kilkeel

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

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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 unit which provides care for up to 9 residents living with dementia care needs. The dementia unit is situated within Brooklands Healthcare, Kilkeel.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Brooklands Healthcare Ltd  <b>Responsible Individual:</b> Therese Elizabeth Conway	<b>Registered Manager and date registered:</b> Sharon Troughton (acting) January 2019
<b>Person in charge at the time of inspection:</b> Sharon Trouton (acting manager)	<b>Number of registered places:</b> 9 (RC – DE)
<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> 8

### 4.0 Inspection summary

An unannounced inspection took place on 7 November 2019 from 10.30 hours to 15.00 hours.

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.

Evidence of good practice was found in relation to effective team working and the provision of a culture and ethos which supported residents' rights including the core values of dignity and respect, independence, equality and diversity, choice and consent.

Further evidence of good practice was found in relation to the governance arrangements with systems and processes in place to support effective management of the unit.

Two areas were identified for improvement; firstly, in relation to the training of all employed staff in preparation for the introduction of the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) on 2 December 2019. Secondly, ensure staff members' signature is recorded within the induction programme when areas have been achieved.

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.

Comments received from residents 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>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Troughton, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 11 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 11 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 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 including registration information, and any other written or verbal information received.

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.

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

- staff duty rotas from 21 October 2019 to 7 November 2019
- staff training schedule
- one staff recruitment and induction record
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of reports of visits by the registered provider/monthly monitoring reports
- RQIA registration certificate

Areas for improvements identified at the last care inspection were 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 11 February 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (2) (d) <b>Stated:</b> First time	The registered person shall ensure that training is completed for the nominated adult safeguarding champion for the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager advised that this training had been undertaken.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 24 <b>Stated:</b> First time	The registered person shall ensure that a system is implemented to ensure that staffs annual appraisal and supervision is undertaken in accordance with the care standards.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A schedule, in matrix was established with listed dates showing quarterly staff supervisions and annual appraisals.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 25.3 <b>Stated:</b> First time	The registered person shall ensure that staff that are in charge of the residential home in the absence of the manager are deemed competent to do so and that an assessment of competency is present.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Senior care assistant competency and capability assessments had been undertaken with records retained.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 5.3 <b>Stated:</b> First time	The registered person shall ensure that life story information is present for all residents and that any information regarding residents, including care plans is written in a manner conducive to persons living with dementia.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Life story details had been developed for all residents. Care plans reflected dementia awareness.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 20.2 and 20.10 <b>Stated:</b> First time	The registered person shall ensure that a consistent and robust system of governance is established.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was good evidence of review and revised governance systems and process in place including development of various quality assurance methods; audit and action plans.	

**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.**

On arrival at the home all residents were observed to be up and dressed with obvious care and attention given to their personal care needs. Breakfast was served to residents in the dining room by staff providing assistance and supervision as required.

The ambience within the home was calm and pleasant with staff quietly providing necessary support, reassurance and assistance to residents' in an unhurried manner.

Some residents choose to sit in the lounge conversing with each other and with staff. Other residents moved freely around the home or choose to remain in their bedrooms watching television or reading.

Staffing levels, as discussed with the manager and staff and as reflected within the duty roster were considered to be satisfactory in meeting the needs of the eight residents accommodated. The manager and the acting team leader explained that consistent, knowledgeable and skilled staff were necessary in order to provide the high level of care to meet special needs of each resident living with dementia in the home.

The manager advised that staffing levels were planned in accordance with the number and dependency levels of residents accommodated and were kept under review to ensure that the needs of residents were met. We asked staff and residents about the staffing levels and none expressed any issues or concerns

The acting team leader and manager confirmed that the placement of residents currently within the residential unit were appropriate and should their needs change to require nursing care a care management review and nursing assessment would be arranged to determine the most appropriate placement to meet the needs of the resident.

The staff duty roster reviewed accurately reflected the staff on duty, hours worked and who was in charge.

Review of one recruitment and selection file included the necessary employment documentation; completion of pre-employment checks including Enhanced Access NI check which is the vetting of applicants to ensure they are suitable to work in the home. One induction programme for a new staff member was reviewed and discussed with the manager as the staff member's signature of achievement was not included. This was identified as an area for improvement.

We were told by staff that they received regular mandatory training to ensure they knew how to provide the right care. They explained that the training provided them with the skills and knowledge to effectively care for residents. Records of mandatory and other professional development training were retained and reviewed. The provision of staff training in the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) was identified as one training area for improvement as implementation of the Act is set for 2 December 2019.

The acting team leader advised that restrictive practices in use included key pad entrance/exits doors and one sensory mat and that these measures were deemed necessary for the residents' safety, were reflected within care plans and had been discussed with the commissioning trust care manager and representative.

Appropriate governance arrangements were in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home's policy to help ensure that it is embedded into practice. Staff who spoke with us demonstrated a good understanding of how to recognise and respond to safeguarding incidents.

A review of governance records provided assurance that all notifiable incidents had been submitted to RQIA as required. It was further noted that the registration status of care staff with the Northern Ireland Social Care Council (NISCC) was in place and closely monitored on a monthly basis.

Discussion with staff and the manager provided assurance that staff were effectively supported by the acting team leader and manager through informal discussions and a process of regular individual and group supervision and annual appraisal. Staff who spoke with us expressed a high level of satisfaction with the support they received.

Staff told us how the daily care to be provided was planned and delegated to them each morning following the night shift handover report. Any changes to residents care needs/care plans are discussed with the team coming on duty so that they are fully informed. Staff also told us they knew their residents well and demonstrated good understanding of resident's individual needs and planned care as reflected within the person centred care plans. Staff confirmed they would always report any observed changes in the health and well-being of residents to the acting team leader and that residents' representatives were kept informed.

We spoke with residents, some individually and with others in small group format. Some of the residents who were unable to articulate their views were observed to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Other residents told us they were "happy and that the staff were good and kind". One resident said "it wasn't home but the next best thing". No issues or concerns were raised or indicated by residents or staff during the inspection.

Inspection of the home evidenced that all areas, including bedrooms, wash rooms, communal lounge/dining room were exceptionally clean, comfortably heated, tidy, fresh smelling and organised. There was also good lighting and navigational signage to help the residents' find their way around the unit. The unit was noted to be furnished and decorated and a high standard. Residents' bedrooms, whilst similar in size and layout, were differently decorated with items of memorabilia displayed. A good standard of hygiene was evidenced with adequate stocks of infection, protection and control resources available to staff.

All fire doors were closed and fire exits unobstructed. The home's fire risk assessment was dated 22 October 2019. No recommendations for improvement were made. Staff fire safety training was last provided on 21 October 2019. Fire drills were undertaken and recorded as required.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control and the home's environment.



## Areas for improvement

The following areas were identified for improvement in relation to obtaining the staff members signature within the staff induction programme and the provision of DoLS training for all employed staff.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.4 Is care effective?

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

Three residents care records were provided for review. These were retained electronically with hard copy backup retained. Records reviewed contained life histories, needs assessment information on the resident and on his or her functioning. Needs assessments were complemented with a range of risk assessments. Individual person centred care plans in place reflected the measures in place to minimise the identified risks. Daily progress notes on each resident were recorded. Regular monthly reviews of care were undertaken and recorded. Annual trust care management reviews were held with reports retained.

Discussion with the acting team leader and review of records evidenced the commissioning trust's multi-professional team visits in order to assess and monitor the identified actual and potential needs of residents. Professional staff included, for example; social workers, speech and language therapist, general practitioner, behavioural support team, community nurse, podiatrist and dentist.

Risk management was discussed with the team leader and associated records reviewed included; falls, moving and handling, nutritional, and choking risks. Care plans reviewed evidenced the measures in place to minimise identified risks. When necessary referrals were made to the trust fall risk clinic where a comprehensive assessment is undertaken by professional staff in an attempt to identify the possible cause of recurring falls and develop associated preventive measures for the residential unit to implement.

Systems in place for monitoring the frequency of residents' health screening included; dental, optometry, podiatry and other social care services appointments and referrals were made, if necessary to the appropriate service.

Residents' weights were undertaken and recorded each monthly or more frequently if required. Weights were closely monitored to ensure that any weight loss or excessive gain is identified and referral made to the general practitioner and dietician.

The anti-flu vaccination programme had been carried out with vaccinations given to those residents who choose to have the vaccination. Consent from representatives was obtained for other residents unable to comprehend.

Staff advise us that the care provided was reviewed monthly to ensure that all necessary care interventions were provided and effective. Residents' representatives were kept fully informed regarding the provision of care by way of discussions during visits or by telephone contact of those unable to visit on a regular basis.

The range of service provision was set out within the unit's statement of purpose and resident guide which is given to each resident and/or their representative on the resident's admission.

Information from staff and observation evidenced there were good modes of communication to ensure staff, residents and/or their representatives were kept fully informed of the service provided. For example; daily staff hand-over reports from night staff, staff meetings, residents meetings and relative meetings. Minutes of staff meetings dated 2 October and July 2019 were reviewed and evidenced staff in attendance and matters discussed. Minutes of residents meetings dated 12 August 2019 evidenced discussions with residents regarding the unit alongside their views, preferences and choice in regard to the service provided. The manager told us that relatives' meetings, were held on a quarterly basis, with one scheduled for the late afternoon on the day of the inspection but that in the attendances in the past were poor with few relatives attending. Notice boards contained lots of information; written and in pictorial format to help all residents comprehend. For example, activities scheduled for the day and forth coming week, various health information leaflets, arts and craft work displayed and "how to make a complaint". Photographs of various social events were displayed. Consent from residents and/or their representatives if required were obtained.

Residents and/or their relatives were invited to annual care reviews to provide opportunity for them to participate and give their views regarding the effectiveness of the care provided, improvements necessary and the appropriateness of the placement. Reports of reviews held were retained. Staff told us they were informed of any necessary changes to the care plan following care reviews held.

When we spoke with staff they had a good knowledge of peoples' abilities and level of decision making; staff knew how and when to provide comfort to people because they knew residents needs well.

Staff told us; "they had all the necessary resources to provide good care and that they would go the extra mile to ensure that that residents received the care in which they were fully entitled."

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, reviews, and communication between residents, their representatives, staff and other stakeholders.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 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.**

The atmosphere throughout the unit was calm, encouraging and good humoured. Residents accommodated had various degrees of dementia and those who were able to comprehend gave positive feedback on the caring support and encouragement that staff provided. Other residents were calm and relaxed with no aimless wandering around the unit. Observation of activities provided evidence of residents relating positively to staff and to each other. During the reminiscence activities provided in the afternoon and interactions observed, residents were engaged by staff with respect and encouragement.

Residents who were able to verbally communicate confirmed that staff listen to them and encouraged them to take part in their activity plans for the day. Staff told us activity programmes are worked out with each resident's agreement and there was evidence of changes being introduced in order to maintain people's interest and involvement. Residents commented on their enjoyment in the activities provided. Comments included, "every one of the staff is good"; and "very kind staff". Minutes of residents meetings evidenced consultation with residents and a focus of compassionate care was provided consistently.

The manager advised that a resident/representative satisfaction survey was undertaken recently and that she was in the process of analysing responses. A report is to be developed which will be shared with residents and staff. The manager told us the responses reviewed to date were positive and encouraging and that any areas of improvement would be actioned and a report developed which will be discussed at the next inspection.

In addition to the satisfaction survey the manager advised that she would be developing the residential unit's quality report for 2019.

The serving of the midday lunch was discreetly observed. Dining room tables were respectfully set with condiments' and drinks available. A four weekly rotating menu, with choice of meal provided for residents. Meals served were nicely presented with adequate portions of food served. Special meals were served to residents with identified dietary needs. Staff were observed assisting and supervising residents in a respectful manner. Mid- morning, afternoon and evening snacks were provided.

Residents told us the food provided "was good and that they were consulted about what food they liked or disliked".

Many complementary cards and letters were received from representatives of residents on the good care provided. These were retained and shared with staff.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of resident.

## Areas for improvement

No areas for improvement were identified 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 who has been in post in an “acting” capacity since January 2019 has undertaken a review of the governance systems and processes in place for effective management of the residential unit.

The manager explained she is supported in her role at operational level, within the residential unit, by an “acting” team leader, care assistants and ancillary staff. Good support was also provided at senior management level with frequent governance and quality assurance meetings held.

Discussions with the manager and staff evidenced there was a clear organisational structure within the home. Staff were able to describe their role and responsibilities and confirmed that there was good staff working relationships within the residential unit.

Discussion with the manager, acting team leader and staff alongside review of a range of records, including; minutes of staff meetings, staff supervisions/appraisals, staff training and accident/incidents, audits and monthly monitoring and review reports provided evidence that that effective leadership and management arrangements were in place in the residential unit.

The unit’s current RQIA registration certificate and liability insurance certificated were displayed in a prominent position. Manuals of policies and procedures were observed to be readily available to staff. The team leader explained that there was a continuous process of review and revision of policies and procedures, in order to ensure they remain accurate and in keeping with current guidelines and best practice. Policies and procedures were not examined at this inspection; however staff demonstrated good knowledge and understanding of key topics such as adult safeguarding, whistleblowing and infection, prevention and control.

Discussion with the manager, team leader and staff alongside review of staff training records evidenced that mandatory training and additional training specific to meeting the needs of residents living with dementia was evident.

Staff commented that the acting team leader and the manager's leadership style was supportive and that all staff were expected to take appropriate responsibility for the provision of a quality service. Staff explained that if any issues or concerns arose they would not hesitate to report this to the acting team leader or manager who both operated an "open door" to everyone. Staff indicated they valued supervision and annual appraisal as part of their accountability and professional development. The managers advised that all care staff were trained to National Vocational Qualification (NVQ) level 2 or level 3 or hold a Qualification and Credit Framework (QCF) level 3. One care staff member stated she was hoping to undertake a QCF in level 4.

Monthly monitoring reports were discussed with the manager and reviewed. The dating of reports were discussed. For example, visit undertaken early in the month was referenced for the previous month. There was no evidence of a visit report undertaken for the month of August 2019 and the September report was being typed. The manager explained that there were difficulties in regard to organising monthly monitoring visits due to the regional manager's vacant post. The availability of monthly monitoring reports was identified as an area for improvement.

Review of complaint records evidenced that no complaints had been received since the previous inspection. Staff demonstrated understanding of the importance to report any complaints and how information from complaints is used to improve the quality of the service. Reference on how to complain was reflected within the home's statement of purpose and resident guide which is given to new residents and/or their representatives on admission.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships

### Areas for improvement

The following areas were identified for improvement in relation to monthly monitoring visits and availability of reports.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 Troughton, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 29 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2019	The registered person shall ensure that monthly monitoring visits are undertaken with reports made available for inspection  <b>Ref:</b> 6.6
	<b>Response by registered person detailing the actions taken:</b> Monthly monitoring visits completed by deisgnated person and available for review
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.6  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November and ongoing	The registered person shall ensure that the signature of staff undertaking induction is recorded when each indicator is achieved.  <b>Ref:</b> 6.3
	<b>Response by registered person detailing the actions taken:</b> Induction document in relation to competency record/In charge of unit has been reviewed to include signature for inductee (employee )
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23.4  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2019	The registered person shall ensure that all employed staff receive training in Mental Health Capacity – DoLS in preparation for the implementation on 2 December 2019.  <b>Ref:</b> 6.3
	<b>Response by registered person detailing the actions taken:</b> Training now available through evo learning and all staff advised to complete same

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



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