



Unannounced Care Inspection Report 9 January 2021



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: Marie-Claire Quinn

www.rqia.org.uk

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 residential care home registered to provide residential care for up to nine residents.

3.0 Service details

Organisation/Registered Provider: Brooklands Healthcare Ltd Responsible Individual: Therese Elizabeth Conway	Registered Manager and date registered: Sharon Troughton 18 June 2020
Person in charge at the time of inspection: Christine Spiers, team leader	Number of registered places: 9
Categories of care: RC-DE	Number of residents accommodated in the residential home on the day of this inspection: 8

4.0 Inspection summary

An unannounced care inspection took place on Saturday 9 January 2021 from 12.40 hours to 15.10 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- the home's environment
- care delivery
- staffing arrangements
- recording of care.

Residents told us they felt looked after in the home and that staff were good to them.

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
Total number of areas for improvement	0	*1

No new areas for improvement were made as a result of this inspection.

One area for improvement under the standards was not reviewed and is carried forward to the next care inspection.

The inspection findings were discussed with Christine Spiers, team leader and Sharon Troughton, manager, as part of the inspection process.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

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.

A number of questionnaires and 'Tell Us' cards were left in the home, for residents and/or their relatives to provide additional feedback following the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received at the time of writing this report.

The following records were examined during the inspection:

- Staff duty rota from 8 January to 14 January 2021
- Care records for three residents
- Monthly monitoring reports for September, October and November 2020 (received post inspection).

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance recorded as met. One area for improvement under the standards was not reviewed and is carried forward to the next care inspection.

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 last care inspection on 7 November 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
Area for improvement 1 Ref: Regulation 29 (1) Stated: First time	The registered person shall ensure that monthly monitoring visits are undertaken with reports made available for inspection.	Met
	Action taken as confirmed during the inspection This inspection was conducted outside normal working hours. The person in charge confirmed that the completed monthly monitoring reports were in the manager's office but they had no access to them. On 19 January 2021, the manager forwarded the reports for October, November and December 2020 to RQIA by email. As stated, this area for improvement has been met. We also asked the manager to consider the availability of these reports so that they could be accessed by residents, their representatives and staff, if requested.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This inspection was conducted outside normal working hours. Staff induction records were securely stored in the manager's office and could not be reviewed by the inspector. Therefore, this area of improvement was not reviewed and is carried forward to the next inspection.	

Area for improvement 2 Ref: Standard 23.4 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: This inspection was conducted outside normal working hours and only management had access to staff training records. On 19 January 2021 the manager forwarded written confirmation to RQIA that this area for improvement had been met.	

6.2 Inspection findings

6.2.1 The home’s environment

On arrival to the home, staff ensured we sanitised our hands and recorded our temperature, in line with current COVID-19 guidance for visitors to the home. Staff and visitors wore appropriate Personal Protective Equipment (PPE) which was available at changing stations throughout the home. Resident and staff COVID-19 testing remained ongoing.

We reminded staff to remove their wrist watch, but otherwise staff were observed to maintain good hand hygiene including encouraging residents to do the same.

The home was clean, warm and tidy. Residents’ bedrooms were personalised and well maintained. Memory boxes and signage were used to support residents to move independently around the home.

The walls and floor of one communal shower room needed to be cleaned or possibly repaired, due to staining. Identified ceiling tiles in one corridor were slightly stained and needed to be replaced. Discussion with the manager following the inspection confirmed this work had already been scheduled to take place week commencing 11 January 2021; therefore an area for improvement was not required on this occasion.

6.2.2 Care delivery

Residents were enjoying their lunch time meal when we arrived to the home. This was a well organised and calm experience for the residents, with Doris Day music playing in the background. Staff were available and attentive, supporting residents as required.

Residents looked well cared for, and it was clear staff had taken their time to support residents with maintaining a good standard of personal care.

Staff interacted with residents in a cheerful, polite and kind manner. Residents appeared comfortable engaging with staff. Observation of practice and discussion with staff confirmed that staff knew the residents well and were able to anticipate and meet their needs in a timely manner. Staff monitored and responded promptly to any change in resident’s presentation.

Residents had their own routines, with some enjoying a lie down after lunch, while others enjoyed each other's company in the lounge. The activities schedule listed other activities offered in the home including hair dressing, bingo, baking, arts and crafts and movie days.

Visiting arrangements were in place in the home, in line with current COVID-19 guidance. This included window visits and the use of a visitors pod. Staff also supported residents to maintain contact with their loved ones via telephone or video calling. Residents confirmed they missed their families, but knew staff were keeping them safe.

6.2.3 Staffing arrangements

During the inspection, there were enough staff working to meet the needs of the residents. No concerns were raised by residents regarding staffing levels.

Discussion with staff confirmed that staffing levels were reviewed in line with resident's dependency levels and changing needs. Staffing levels are increased if a resident becomes unwell and/or is receiving end of life care. Staff also confirmed that the team leader and manager are 'hands on' and very supportive.

Staff told us there was good communication in the home, including handovers. Staff confirmed they had received good induction and training to their roles, and told us that their mandatory training was up to date. This included training on adult safeguarding, fire safety and Deprivation of Liberty Safeguards Level 2 training.

6.2.4 Recording of care

Care records were detailed and included a range of assessments and care plans to guide staff on the care each resident required. This included management of diabetes, moving and handling, mobility and skin care.

Food and fluid intake records were routinely maintained for all residents in the home. We highlighted that while this is necessary for those residents with an identified need, this practise should be reviewed in line with the individual needs of the resident. The manager confirmed this would be reviewed, following the inspection.

Review of care records and discussion with staff confirmed that any potential adult safeguarding concerns were well managed in the home. Records were maintained and evidenced good collaboration and joint working with residents, their relatives and multi-disciplinary professionals, to ensure residents were kept safe from potential harm.

Annual care reviews were now being completed via video calling. This included the implementation of Mental Capacity Assessments and Deprivation of Liberty Safeguards. Relevant documentation was retained in the home.

There was evidence of regular input from multi-disciplinary professionals including physiotherapy, podiatry, district nursing and G.P's. Their advice was incorporated into care planning, and staff escalated any additional concerns to them appropriately, for instance if a resident has a fall.

While reviewing falls management, it was identified that on occasion, residential staff may contact nursing home staff for support when a resident has a fall. This residential home is

located in the same building as a nursing home, although both homes retain separate registrations and staffing. We agreed that all professionals have a duty of care in an emergency; but that this should not be standard and custom practice in the residential home. Following the inspection, the manager provided written confirmation that this had been addressed with staff, including refresher training on falls management.

In addition, we asked the home to review the use of clinical assessment tools, in line with the home's registration as a residential home. Care records included the use of clinical assessment tools such as the Malnutrition Universal Screening Tool (MUST), Braden Score, Canard falls assessment and the Abbey pain scale, as well as Central Nervous Score (CNS) observations following a fall. These tools are clinical nursing assessments and are not standard practice in a residential setting. However, they can be used if there is an identified need for the resident and if residential care staff have been trained, and deemed competent and capable to use them. Following the inspection, the manager provided written confirmation that these tools will no longer be used. The MUST tool will continue to be used as staff have now received dietician training and been deemed competent and capable to use this tool correctly.

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to care delivery and the use of PPE. Good practice was also found regarding adult safeguarding and communication between residents, staff and other professionals.

Areas for improvement

No new areas for improvement were identified during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

The home was clean, warm and tidy.

Residents looked well cared for, and were content and comfortable in their surroundings and in their interactions with staff.

Staff were knowledgeable about resident's individual needs and preferences; staff were able to anticipate and respond effectively to residents.

No new areas for improvement were made on this occasion, due to the written assurances received from the manager on the 11 and 19 January 2021.

One area for improvement under the standards was not reviewed and is carried forward to the next care inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Christine Spiers, team leader and 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 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.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 23.6</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2019 and ongoing</p>	<p>The registered person shall ensure that the signature of staff undertaking induction is recorded when each indicator is achieved.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.1</p>

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



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