

# Inspection Report

4 December 2021



## Brooklands Healthcare Antrim

Type of Service: Nursing Home  
Address: Nursing Unit, 50 Bush Road, Antrim BT41 2QB  
Tel no: 028 9446 0444

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Brooklands Healthcare Ltd</p> <p><b>Responsible Individual:</b> Therese Elizabeth Conway</p>	<p><b>Registered Manager:</b> Mrs Samantha Russell - not registered</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Andreea Chirila – nurse in charge</p>	<p><b>Number of registered places:</b> 31 - A maximum of 13 residents in category NH-DE.</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 28</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 31 patients. The home is divided in two units; the nursing unit located on the first floor in which patients receive general nursing care; and a further 13 bedded unit which care is provided to people living with dementia.</p> <p>There is also a registered Residential Care Home located within the same building and for which the manager also has operational responsibility and oversight.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 4 December 2021 from 9.45 am to 4.35 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and this is discussed within the main body of the report and Section 7.0.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff were helpful and pleasant in their interactions with them.

RQIA were assured that the delivery of care and service provided in Brooklands Healthcare Antrim was provided in a compassionate manner by staff who knew and understood the needs of the patients.

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 patients, relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Brooklands Healthcare Antrim. 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.

Questionnaires and 'Tell Us' cards were provided to give patients 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 findings of the inspection were provided to the registered manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

We spoke with six patients, one relative and six staff. No questionnaires were returned and we received no feedback from the staff online survey.

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff.

The relative spoken with was happy with the care partner arrangements and the care their relative was receiving although they did acknowledge ongoing staffing challenges in the home.

Staff acknowledged the challenges of working through the COVID – 19 pandemic, particularly in relation to staffing levels, but all staff agreed that Brooklands Healthcare Antrim was a good place to work. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. However, it did not clearly identify the full name of all staff and the capacity in which all staff worked. An area for improvement was identified.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and said when planned staffing levels were adhered to they had no concerns regarding the staffing levels. However, some staff consulted were not satisfied that there were sufficient staff numbers on occasions when staff sickness was not covered at short notice. It was noted that staff were busy during the inspection and were not always available to attend to patients needs in a timely manner.

Discussion with the manager confirmed they had been working some of her hours as a nurse due to staffing challenges and this occasionally impacted on their management hours. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met and discussed the ongoing staffing challenges within the care home sector; they confirmed ongoing recruitment for staff within the home. Discussion with staff and review of the duty rota confirmed deficits in staffing on identified days. Sufficiency of staff was identified as an area for improvement. The manager agreed to notify RQIA on occasions when planned staffing levels are not adhered to.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. However, review of staff training records, discussion with staff and observation of practice confirmed that all staff were not up to date with mandatory training; this included dementia awareness, fire training and the Deprivation of Liberty Safeguarding Code of Practice training. This was discussed with the manager who agreed to arrange for outstanding training to be completed. An area for improvement was identified.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good teamwork despite the staffing challenges.

There was no evidence that staff meetings were held on a regular basis. The manager, who has recently been appointed, confirmed a staff meeting would be scheduled following the inspection and further staff meetings would be diarised for the incoming year.

Patients were happy with the care that they received and confirmed that staff attended to them in a respectful manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a caring and compassionate manner. The relative spoken with was complimentary of the care their relative received.

## 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. An isolated issue regarding the practice of one staff member was discussed with the manager who agreed to follow up with the staff member concerned. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who are less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly; accurate records were maintained.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

Where a patient was at risk of falling, measures to reduce that risk were put in place, for example, use of an alarm mat to alert staff the patient requires assistance. Review of records relating to the management of falls evidenced appropriate actions were consistently taken by staff following falls.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of a selection of patients' records and discussion with staff confirmed that the correct procedures were consistently followed if restrictive equipment was used; there was evidence that these practices were audited on a regular basis.

A number of patients were on bed rest but were unable use the nurse call system due to their cognitive impairment. An appropriate system was in place to ensure these patients were regularly supervised by staff. However, review of records identified significant gaps in completion of these records. One staff member told us they did not have the time to complete the records due to staffing challenges. This was discussed with the manager who agreed to audit the completion of such records and ensure registered nursing staff are providing oversight. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need support with meals ranging from simple encouragement to full assistance from staff.

Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and portions were generous. A variety of drinks were served with the meal. Staff attended to patients' dining needs in a caring and compassionate manner, although it was noted that patients were not appropriately supervised during lunch in the dementia unit. There was insufficient staff to supervise a number of patients who were at high risk of falls. This was discussed with the manager who gave assurances that deployment of staff at mealtimes would be reviewed. An area for improvement was identified.

Staff maintained written records of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided. It was noted that an incorrect menu was displayed in the nursing unit, while the menu in the dementia not in a suitable format for all patients. This was discussed with the manager who told us that the menu boards would be reviewed with a view to implementing the use of dementia friendly menus.

Review of patient's records evidenced that these were generally well maintained, however some deficits in recording were noted. For example, wound assessments and evaluations had not been completed consistently and there was evidence that an identified patient's care plan had not been updated to reflect how the wound would be treated; daily progress notes did not consistently evaluate the condition of the wound. In addition, review of the management of choking risk confirmed that following a change in an identified patient's needs, their care plan and associated risk assessment had not been updated. This had the potential to cause confusion in relation to the delivery of patient care. Details were discussed with the manager and areas for improvement were identified.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and include any advice or recommendations made by other healthcare professionals. Review of care records for two patients recently admitted to the home evidenced that not all care plans had been developed within a timely manner to accurately reflect the patient's assessed needs. An area for improvement was identified.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy.

Fire safety measures were in place to ensure that patients, 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. A fire risk assessment had been completed in 9 September 2021. Actions identified by the assessor had been addressed by the manager. Examination of records confirmed a number of staff had not participated in a fire drill within the appropriate timeframe. This was discussed with the manager who gave assurances that identified staff would receive a fire drill within two weeks. An area for improvement was identified.

Issues were observed which posed a potential risk to patients' health and wellbeing. These included an unsupervised medicine trolley and an unlocked treatment room allowing potential patient access to medicines. In addition, a storage cupboard and hairdressing room were unlocked allowing potential patient access to substances hazardous to health. These incidents were discussed with staff who took necessary action to mitigate any risk. An area for improvement was identified.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and demonstrating the correct method for applying and removing of PPE. There was an adequate supply of PPE and hand sanitiser.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff were not familiar with the correct procedure for the donning and doffing of PPE, while other staff were not bare below the elbow in keeping with best practice guidance. Inappropriate storage of some patient moving and handling equipment in ensuite areas was noted and some PPE was not disposed of appropriately. This was discussed with the manager and an area for improvement was identified.

#### **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, some patients told us they liked the privacy of their bedrooms, but enjoyed going to the dining room for meals and choosing where to sit with their friends. Other patients preferred to enjoy their meals and socialise in the lounge. Patients were observed enjoying listening to music, reading newspapers/magazines and watching TV.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

#### **5.2.5 Management and Governance Arrangements**

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.

There has been a change in the management of the home since the last inspection. Mrs Suzanne Kane has been the acting manager since 6 June 2021. Mrs Suzanne Kane had recently been appointed as acting manager in October 2021 although RQIA were not notified appropriately. This was discussed with senior management who agreed to submit the relevant notification.

Discussion with staff confirmed that systems were in place for staff supervision and appraisal. Review of records evidenced that twice yearly supervisions had been completed for most staff although deficits were identified in completion of staff annual appraisals. This was discussed with the manager who confirmed that the completion of annual appraisals would be prioritised. To ensure appraisal requirements are met an area for improvement was identified.

Review of the home's governance systems and processes evidenced a number of areas that required to be reviewed to ensure these systems identified and addressed areas needing to be improved. This included, wound audits, care record audits, IPC practices and PPE use, staff appraisal and staff training. RQIA acknowledged the management of Covid -19 had impacted the governance arrangements. RQIA were satisfied that the manager understood their role and responsibilities in terms of governance and needed time to address the areas for improvement identified as a result of this inspection. An area for improvement in this regard was identified.

There was a system in place to manage complaints. The manager told us that complaints were seen as an opportunity for the team to learn and improve. The manager agreed to review current recording systems to evidence the lessons learned from complaint outcomes and how this learning is shared among the staff.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents which had occurred in the home found that these were well managed and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. These are available for review by patients, their representatives, the Trust and RQIA.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015) (Version 1.1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	7	6

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Samantha Russell, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of patients.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> The home has a workforce contingency plan in place with an agreed escalation process. Staffing rag rating is completed daily through the RQIA Covid 19 status update.</p> <p>The home has a successful recruitment programme in place and as an interim measure block bookings with agency staff is in place to maintain a continuity of care.</p> <p>Due to Covid, practical group training sessions were not able to be facilitated. The management team review training statistics on a monthly basis and focus is being given to enhance compliance.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that sufficient staff are available at all mealtimes to provide appropriate supervision of patients.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> The daily allocation sheet has been updated to ensure the staff member responsible for supervising the dining room is clearly recorded. The adherence to this is monitored by the nurse in charge.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 16 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure patient care plans and risk assessments are kept under review and accurately reflect the assessed needs of the patient.</p> <p>This area for improvement is made in reference to management of choking risk.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> A monthly audit has been updated and is cross referenced with the SALT assessment, handover sheet and care plan.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 16 (1) (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. The care plans should be further developed within five days of admission and kept under review to reflect the changes needs of the patients.</p> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p><b>Response by registered person detailing the actions taken:</b> There have been no admissions since the inspection. An admission care plan tracker is in place to ensure all assessments and careplans are in place within the expected timeframe.</p> <p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of medicines and cleaning chemicals.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Supervisions have been completed reinforcing the importance of providing a safe environment for our residents by ensuring any cupboards/ doors/ trolleys with locks, remained locked when they are not in use. The Home Manager completes a daily walkaround and conducts spot checks of same.</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> <li>• Donning and doffing of personal protective equipment</li> <li>• Appropriate use and disposal of personal protective equipment</li> <li>• Staff knowledge and practice regarding hand hygiene</li> <li>• Adherence to best practice guidance in relation to being bare below the elbow</li> <li>• Appropriate storage of patient moving and handling equipment.</li> </ul> <p>Ref: 5.2.3</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Infection Prevention Control supervisions and competencies are being completed with all staff to ensure they can demonstrate knowledge of the areas listed above. Hand hygiene spot check audits are being carried out weekly.</p> <p>The registered person shall ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>An audit system is in place to ensure compliance with the governance structures set out by the regional team. The Regulation 29 visit occurs monthly, where deficits are identified an action plan is put in place and reviewed at the following Regulation 29 visit.</p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure the staffing rota includes the full name of each member of staff and the capacity in which they worked.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The full name and designation of staff members are recorded on the rota and the nurse in charge highlighted. Rota's are reviewed and signed off by Home Management.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 39.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by</b> 31 January 2022</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Practical training has been prioritised and scheduled. The training officer monitors the training compliance and will address areas that require improvement.</p> <p>Due to Covid, practical group training sessions were not able to be facilitated. The management team review training statistics on a monthly basis and focus is being given to compliance.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that accurate records are maintained to evidence patients who cannot use the nurse call system are appropriately supervised.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> A visual check record is kept for residents who are unable to use the call bell. This will be audited on a weekly basis by the home manager. Care plans have been reviewed and updated to reflect those residents that are unable to access their call bell.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that patients' wound care needs are managed in an effective manner at all times; this includes but is not limited to ensuring that: records are updated in a timely manner to reflect the assessed needs of patients; wound assessments and evaluations are completed after each dressing, daily progress notes include meaningful and patient centred entries regarding patients' skin condition; a robust wound care audit is being used in the home.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> A wound care plan is completed monthly addressing the points raised. Additional Wound Training is planned for all nurses.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 48.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that evidence is present to confirm all staff have participated in a fire evacuation drill at least once per year.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Fire drills have taken place and records maintained to evidence staff participation. Compliance is reviewed monthly in the Regulation 29 visit.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 40.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2022</p>	<p>The registered person shall ensure all staff have a recorded annual appraisal. An appraisal schedule shall be in place, showing completion dates and the name of the appraiser.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Appraisal schedule is in place and appraisals are being completed and recorded.</p>

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



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