



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

# Unannounced Care Inspection Report 5 December 2019



## Brooklands Healthcare Antrim

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

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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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 18 patients.

### 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 McCreary Acting – No application received
<b>Person in charge at the time of inspection:</b> Sharon McCreary	<b>Number of registered places:</b> 18
<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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 18

### 4.0 Inspection summary

An unannounced inspection took place on 5 December 2019 from 09.20 to 16.50 hours.

This inspection was undertaken by the care inspector.

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

Evidence of good practice was found in relation to staffing arrangements, staff recruitment, adult safeguarding, monitoring of staffs' professional registrations, the environment, risk assessment, quality improvement and with the management of complaints. Further good practice was identified in relation to the delivery of compassionate care and with maintaining good working relationships.

Areas requiring improvement were identified in relation to the monitoring of a patient following a fall, the use of nutritional descriptors, food intake records, pressure management, the recording of repositioning and with the reporting of notifiable events.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

Comments received from patients, people who visit them and staff during and after 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 patients' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	4

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

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

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

The most recent inspection of the home was an unannounced care inspection undertaken on 11 January 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 care and estates issues, registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, 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 patients 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. A poster indicating that an inspection was taking place was displayed at the entrance to the home and invited visitors to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 29 November 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records

- one staff recruitment and induction file
- three patient care records
- a sample of daily patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from January 2019
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 29 (4) (a)(b)(c)  <b>Stated:</b> First time	The registered person shall ensure that the monthly monitoring report is completed in a thorough, robust and accurate manner at all times. Such reports should be completed in a timely manner and available for inspection, as necessary.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the most recent monthly monitoring reports evidenced that this area for improvement has now been met.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20 (1) (c)(i)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a robust system is implemented and maintained to promote and make proper provision for the mandatory training of staff within expected timescales.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with staff and a review of the training compliance records in the home evidenced that this area for improvement has now been met.</p>		
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a refurbishment plan is submitted to RQIA which outlines continuous improvement to the internal environment in a time bound manner. This relates specifically to the identified communal lounge and patients' bedrooms.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The requested refurbishment plan had been submitted to RQIA.</p>		
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that there is a structured programme of events and activities for all patients based on their assessed needs, life experiences and interests. The programme should be displayed in a suitable format for patient reference and reviewed on a regular basis in keeping with best practice standards.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A programme of activities was on display throughout the home identifying planned daily activity for December 2019.</p>		



<b>Area for improvement 3</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of a selection of auditing records evidenced that this area for improvement has now been met.	

## 6.2 Inspection findings

### 6.3 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed that the number of staff and the skill mix of staff on duty at any given time. A review of the duty rota for week commencing 29 November 2019 confirmed that the planned staffing level and skill mix was adhered too. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Patients and the visitor consulted spoke positively in relation to the care provision in the home. Staff consulted confirmed that they were satisfied the staffing arrangements in the home were suitable to meet patients' needs.

A review of a recently employed staff member's recruitment records confirmed that the appropriate pre-employment checks had been completed prior to the staff member commencing in post. References had been obtained and records indicated that AccessNI checks had been conducted.

Checks were evidenced to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC). Similar checks were made on care workers to ensure that they were registered on the Northern Ireland Social Care Council (NISCC) register and that no restrictions to their employment had been identified.

A record of any training that staff had completed was maintained in the home. The majority of training was completed electronically (elearning). Three staff consulted stated that they found face to face training of greater benefit to them as it allowed for the opportunity to question the teachings. The staffs' views were shared with the manager for their review and action as appropriate. Compliance with staff training was monitored monthly on a training matrix. A system was in place to communicate with staff whose training was about to lapse to ensure completion. Training compliance was monitored as part of the monthly monitoring visits to the home conducted on behalf of Brooklands Healthcare Ltd senior management.

The manager confirmed that staff received additional coaching and mentoring through staff supervisions and appraisals. A 2019 supervision matrix and an appraisal matrix had been maintained to ensure that staff received two supervisions in the year and an annual appraisal. Staff spoke positively on appraisals, although, three staff spoke negatively on their perceived use of supervisions. The staffs' opinions were shared with the manager for their review and action as appropriate.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. The manager confirmed that there had not been any ongoing or recent safeguarding concerns in relation to the home.

Falls risk assessments and care plans had been developed and updated regularly or following a fall. However, accident records did not evidence that neurological observations had been checked and monitored for 24 hours following a fall which resulted in the patient sustaining a head injury. This was discussed with the manager and identified as an area for improvement.

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits, corridors and stairwells were observed to be clear of clutter and obstruction. Bedrooms and communal rooms were maintained clean and tidy. There were no malodours detected in the home. Compliance with best practice on infection prevention and control had been well maintained. Isolated areas identified were managed during the inspection.

There was evidence of recent refurbishment in the home. Protective coverings had been placed on bedroom doors. The lounge had been recently repainted as had the skirting boards and architraves on the communal corridor. The sofas in the reception area had been recently upholstered.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff recruitment, adult safeguarding, monitoring of staff professional registrations and with the environment.

### Areas for improvement

An area for improvement was identified in relation to the monitoring of a patient following a head injury.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1



## 6.4 Is care effective?

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

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided them with all necessary information to provide care to patients.

Each staff member was aware of their roles and responsibilities within the team. Staff spoke positively in relation to the teamwork in the home. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. Several staff commented that the home's management were approachable and very helpful. Patients and representatives spoken with also expressed their confidence in raising concerns with the home's staff and/or management.

Staff confirmed that staff meetings were conducted in the home and that minutes from staff meetings were made available. We discussed the benefits of quarterly staff meetings with the manager and alternative ways of sharing the minutes of staff meetings.

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients commented positively on the food provision in the home.

We reviewed the lunchtime meal experience. Lunch commenced at 12.45 hours. Patients dined in the main dining room or at their preferred dining area such as their bedroom or the lounge. A menu reflecting the food served was displayed on the wall of the dining room. Tables had been laid appropriately for the meal. Food was plated in the kitchen and served from a heated trolley when patients were ready to eat their meals or be assisted with their meals. A range of drinks was served with the meal. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. This information had been included on staff handover sheets. However, the information contained on the patient list from the kitchen referred to older descriptive terminology and not the new international dysphagia diet standardisation initiative (IDDSI) descriptors which were implemented in April 2019. This was discussed with the manager and identified as an area for improvement. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. The mealtime was well supervised.

We reviewed supplementary food intake records. While the records indicated if the patients consumed full, half or quarter of their meal; they did not identify the actual food consumed. This was discussed with the manager and identified as an area for improvement.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. We reviewed one patient's care records where there was a pressure management risk. The care records did not contain a care plan on how to manage the patient's pressure care. This was discussed with the manager and identified as an area for improvement.

We reviewed one patient's wound care records. An initial wound assessment had been completed and a clear wound care plan was evident within the patient's care records to guide the dressing regime and management of the wound. A body map was available identifying the location of the wound and wound observation charts were completed at the time of wound dressing to monitor the progress of the wound.

We reviewed another patient's repositioning records. Records reviewed did not contain sufficient information in relation to the position the patient was repositioned from and to and did not accurately reflect the time of repositioning. This was discussed with the manager and identified as an area for improvement.

When a restrictive practice, such as the use of bedrails had been implemented, there was evidence within the patient's care records of an initial assessment completed to ensure safe use. This assessment informed the patient's care plan. The continued use of restraint was monitored at the evaluation of the patients' care plans.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to wound management, risk assessment, staff handover and with teamwork.

### Areas for improvement

Areas for improvement were identified in relation to the use of nutritional descriptors, food intake records, pressure management and with the recording of repositioning.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

#### 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.**

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients chose where to sit during the day; in their bedroom, the dining room or one of the lounges. Staff knocked on patients' doors before entering and personal care was delivered behind closed doors. Patients were afforded choice, privacy, dignity and respect. Staff interactions with patients were observed to be both caring and timely.

There was evidence of meetings with patients in the home in March and August 2019. Likewise there was evidence of separate relatives meetings. Minutes of these meetings were available for review and included topics discussed and any decisions made.

A programme of activities was on display for the month of December 2019. The home employed two activity therapists, one of which was on planned leave. The manager confirmed plans for the additional coaching of care assistants on the provision of activities.

Cards and letters of compliment and thanks were maintained in the home. Some of the comments recorded included:

- “Words cannot express the care and kindness you all gave to dad and to us. Dad was so settled and content from the first day he moved to Brooklands.”
- “Thank you so much for looking after our dad ... so well.”

Consultation with eight patients individually, and with others in smaller groups, confirmed that living in Brooklands Healthcare (Antrim) was a positive experience. Patient questionnaires were left for completion. None were returned.

Patients consulted during the inspection commented:

- “They look after you fantastically here. The girls are very good.”
- “You won’t get a better place. Staff are very good here.”
- “Absolutely love it here. Staff are great.”
- “This is a great place. Staff are brilliant.”
- “The home is very good. They spoil us here.”

One patient’s representative was consulted during the inspection. Patient representatives’ questionnaires were left for completion. None were returned. The patient representative consulted commented:

- “The care here is very good. Staff are brilliant. They go above and beyond and give more than 100 percent.”

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from five staff consulted during the inspection included:

- “I love working here.”
- “I really enjoy it here. I like coming into work.”
- “I’m happy here. Management are very accommodating.”
- “I have never had any problems here. I like it.”
- “It’s very busy but I really like the work. Not enough pay but the work is very rewarding.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives.

## Areas for improvement

No new areas for improvement were identified during the inspection in the compassionate domain.

	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 certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, the management arrangements in the home had not changed.

A system was in place to record any complaints received including details of any investigation and all actions taken in response to the complaint. Patients consulted during the inspection confirmed that they would have no issues in raising any identified concern with the home's staff or management.

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, patients' weights, care records, wound care and infection prevention and control. A monthly master action plan was developed making reference to the individual action plans developed in response to any shortfalls identified.

Monthly monitoring visits to the home were conducted. Reports from the visit were available for review by patients and their visitors, staff, trust staff and other healthcare professionals. Action plans were included within the monthly reports in response to any shortfalls identified and a review of the previous months action plan identified if the action had been fully completed, in progress or not completed.

Discussion with the manager and review of records evidenced that not all notifiable events had been reported to RQIA as required in legislation. This was identified as an area for improvement.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

## Areas of good practice

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

## Areas for improvement

An area for improvement was identified in relation to the reporting of notifiable events to RQIA.

	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 McCreary, 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### 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 Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16 (1) (2) (a)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> 10 December 2019	<p>The registered person shall ensure that a care plan is developed and reviewed on an ongoing basis to manage the identified patient's pressure care.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The identified patient's careplan has been reviewed and updated to accurately reflect the current pressure area care required. This is reviewed on at least a monthly basis by the named nurse and overseen by management , via internal governance processes.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that RQIA is notified of any accident occurring in the home which results in injury to patients.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> To complement the existing 24 hour report completed by the Staff nurses, and to increase the robustness of management oversight, management now complete a 'daily walkround' document, which incorporates checking of accident and incident books for notifiable events over the past 24 hours.</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 22  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that, in the event of a patient sustaining a head injury or the potential for a head injury following a fall in the home, neurological observations are checked at the time of the accident and monitored for 24 hours.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> A supervision has been completed with all nursing staff regarding the importance of completing 24 hour neurological observations for those patients who have sustained an actual/potential head injury- this will also be discussed further at our upcoming nurses' meeting. Management also check that these are in place as part of the 'daily walkround' document detailed above.</p>



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2019</p>	<p>The registered person shall ensure that nutritional descriptors used in the home between kitchen staff and care staff are reflective of IDDSI indicators.</p> <p>Ref: 6.4</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2019</p>	<p>The registered person shall ensure that food intake records accurately reflects the actual foods consumed by patients.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> All documentation referring to nutritional descriptors have been reviewed and updated to ensure that they are fully reflective of IDDSI indicators</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4 Criteria (9)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 November 2019</p>	<p>The registered person shall ensure that repositioning records are completed in full to include the position the patients have been repositioned from and to and that the records accurately reflect the time of repositioning.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Updated repositioning paperwork is now in place that must be checked and countersigned twice daily and nightly by the Nurse In Charge.</p>

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



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