



# Unannounced Follow Up Care Inspection Report 11 January 2019



## Brooklands Healthcare Antrim

**Type of Service: Nursing Home (NH)**  
**Address: Nursing Unit, 50 Bush Road, Antrim, BT41 2QB**  
**Tel No: 028 9446 0444**  
**Inspector: James Laverty**

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 18 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Brooklands Healthcare Ltd  <b>Responsible Individual:</b> Therese Elizabeth Conway	<b>Registered Manager:</b> See Below
<b>Person in charge at the time of inspection:</b> Upon arrival, Staff Nurse Bianca Horsica. Jane Bell, regional manager, assumed responsibility as the person in charge from approximately 08.50 onwards.	<b>Date manager registered:</b> Julie Cruz – Acting – No application required
<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.	<b>Number of registered places:</b> 18

### 4.0 Inspection summary

An unannounced inspection took place on 11 January 2019 from 06.20 to 14.50 hours.

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.

The inspection focused on assessing progress with any areas for improvement which had been identified during and since the care inspection which was conducted on 26 June 2018 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 promoting a patient centred early morning routine within the home, staff awareness of the nutritional needs of patients, the management of notifiable incidents to RQIA, staff communication with patients and staff collaboration with the multiprofessional team.

Two areas for improvement under regulation were identified in relation to monthly monitoring reports and staff training. Three areas for improvement under the standards were also highlighted in regards to the interior environment, planned activities and governance arrangements which focus on quality assurance and service delivery.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and take account of the views of patients. 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	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jane Bell, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection. Following the inspection, these findings were also discussed with Sharon McCreary who has been subsequently appointed as the new manager for the home.

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

#### 4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 19 November 2018. No further actions were required to be taken following 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
- the registration status of the home
- written and verbal communication received since the previous care inspection which may include information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector spoke with four patients on an individual basis and observed other patients within small groups within communal areas. The inspector also spoke with five staff and one visiting professional. No patients' relatives were available during the inspection.

Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. The inspector provided the regional manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

A poster informing visitors to the home that an inspection was being conducted was also displayed.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2018/19
- accident and incident records
- minutes of staff and relatives' meetings
- four patients' care records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement 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 regional manager at the conclusion of the inspection and to the recently appointed manager, Sharon McCreary, following the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 19 November 2018**

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

## 6.2 Review of areas for improvement from the last care inspection dated 26 June 2018

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 14 (2) (a)(c)  <b>Stated:</b> First time	The registered person shall ensure that all chemicals/substances are stored in keeping with COSHH regulations.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment highlighted one area in which COSHH regulations had not been fully adhered to. This was immediately highlighted to the person in charge during the inspection. Feedback from the recently appointed manager following the inspection provided assurances that COSHH checks would be conducted on a weekly basis in addition to these regulations being an area of renewed focus with staff during formal supervision sessions and staff meetings.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (1) (2) (3)  <b>Stated:</b> First time	The registered person shall ensure that all that all staff practices/routines within the home are patient centred, specifically, assisting patients each morning with washing and dressing, and are in keeping with expressed preferences and/or assessed needs. All such interventions should be clearly and consistently evidenced within the nursing record and demonstrate collaboration with patients' relatives/representatives, as appropriate.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the early morning routine evidenced that this area for improvement had been satisfactorily met. This is discussed further in section 6.3.1.	



<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)(b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the following in relation to the dining experience of patients:</p> <ul style="list-style-type: none"> <li>patients will be served their meals in a timely manner once assisted to the dining area</li> <li>a suitable menu will be available throughout all meal times for patients within the dining area</li> <li>dining tables will be appropriately set when being used by patients</li> </ul>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation of the morning breakfast routine provided evidenced that this area for improvement had been satisfactorily met. This is discussed further in section 6.3.2.</p>	

**6.3 Inspection findings**

**6.3.1 Early morning routine**

Observation of the early morning routine evidenced that staff interactions with patients were patient centred and in keeping with the documented/expressed needs and preferences of patients, as appropriate. Review of two patients’ care records evidenced that relevant risk assessments and care plans which focused on early morning preferences were in place. Review of the daily nursing record and feedback from staff also confirmed that staff possessed good awareness of these patients’ needs and preferences. Comments from staff in relation to maintaining a patient centred approach at all times provided assurance that staff were proactive in promoting the rights of patients to determine their own morning routines.

While an ‘Early rising file’ was maintained to document instances of any patients being assisted out of bed by night staff, this file was not regularly audited by the manager or regional manager. Shortfalls with regards to this and other governance matters are discussed further below.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff interactions with patients and promoting a patient centred early morning routine within the home.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

### 6.3.2 The dining experience of patients

Observation of the morning breakfast routine provided assurances that patients' nutritional needs were managed in a holistic and compassionate manner. It was noted that one staff member was allocated to the dining area as soon as the first patient arrived within the dining room. Other members of staff were then observed assisting patients within the dining area after assisting them with personal care needs within their bedrooms. The breakfast menu was varied and appeared appetising while patients were observed enjoying their meals with staff who provided assistance in a dignified and discreet manner. It was noted that table cloths were not available for all tables being used by patients. The regional manager confirmed that further table cloths had been ordered for the dining room and agreed that they should be used during all mealtimes throughout the day.

#### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff awareness of the nutritional needs of patients.

#### Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.3.3 Governance arrangements

Discussion with the regional manager highlighted that Julie Cruz, manager, was no longer in post. The regional manager stated that while she was currently providing managerial oversight for the home, it was anticipated that a new manager would shortly be appointed. It was agreed that RQIA should be appropriately updated with regards to current managerial arrangements and any subsequent changes to this. Following the inspection, RQIA was informed that, Sharon McCreary, was subsequently appointed as the new manager of the home.

Discussion with the regional manager and review of governance records evidenced that there were systems in place to monitor staff performance and to help ensure that staff received support and guidance. Some staff had been coached and mentored through a process of both supervision and appraisal. However, governance records highlighted that the matrix for monitoring staff supervision/appraisal throughout 2018 included those staff employed within the adjacent residential care home located on the same site. This information was shared with the RQIA inspector aligned to the residential service following the inspection. In addition, it was also noted that the provision of supervision and appraisal for several staff was overdue and that no matrix for 2019 was yet in place. These findings were subsequently discussed with Sharon McCreary following the inspection who provided assurances that the supervision/appraisal of staff is now being reviewed and progressed on a monthly basis. This will be reviewed at a future care inspection.

Discussion with the regional manager indicated that training was available to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. While staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibilities, review of training records highlighted that mandatory training was overdue for the majority of staff. Feedback from the regional manager also highlighted that the



mandatory training of staff was not subject to regular auditing by the management team. An area for improvement under regulation was made.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to the dining experience of patients, wound care, care records and the internal environment. However, review of the December 2018 dining audit highlighted that it contained no time bound action plan to address identified deficits. Discussion with the regional manager also highlighted that several actions relating to the auditing of care records had been passed to nursing staff with no clear deadline for review. An area for improvement under the standards was made.

Discussion with the regional manager confirmed that staff meetings were held on a regular basis. However, review of governance records highlighted that minutes were not retained on a regular basis. Assurances were provided to RQIA following the inspection that minutes would be recorded and retained for all future staff meetings.

Feedback from the home administrator, regional manager and review of records evidenced that there were arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council. Records confirmed that the previous manager and/or regional manager had reviewed the registration status of nursing staff on a monthly basis. While no concerns were noted with regards to the registration status of staff during the inspection, it was highlighted that the monitoring of staff registration with NISCC had not been consistently reviewed by the management team. It was agreed with the regional manager that the registration of staff with NMC or NISCC should be subject to regular and effective scrutiny by the manager.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives. However, review of the December 2018 report highlighted that it was inaccurate with regards to the provision of activities/programme of events for patients. It was also found that the report did not evidence that a number of audits which had not been completed by the manager within expected timescales. An area for improvement under regulation was made.

While the majority of records were observed to be stored safely and securely in line with data protection requirements, it was noted that some information was not. Assurances were provided following the inspection that compliance with the General Data Protection Regulations (GDPR) would be an area of ongoing focus during staff supervision and meetings and that all patient records were stored appropriately.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the management of notifiable incidents to RQIA.

## Areas for improvement

Two areas for improvement under regulation were made in regards to staff training and monthly monitoring visits. A further area for improvement under the standards was also made with respect to governance audits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

### 6.3.4 Internal environment

Observation of the environment and staff evidenced that fire safety practices were consistently adhered to.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. It was noted that several chairs within the first floor reception area were frayed. The regional manager stated that these were to be repaired as part of a rolling programme of improvement over the next three months. Observation of the 'Potterswalls Lounge' highlighted that some wall papered areas were in poor repair. The regional manager also stated that the internal environment required ongoing refurbishment. Although it was agreed during the inspection that a refurbishment plan would be submitted to RQIA, this was not provided as agreed. An area for improvement under the standards is therefore made.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to fire safety practices within the home.

### Areas for improvement

One area for improvement under the standards was made in regards to the internal environment.

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

### 6.3.5 Activities

Staff interactions with patients were observed to be timely, compassionate and caring. All patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the regional manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

- “I love it here.”
- “The girls are very kind.”
- “I’ve no complaints.”

Feedback from the regional manager highlighted that there was no currently available activity therapist within the home or a structured programme of events for patients. While no patients expressed any concerns in relation to the provision of activities, it was agreed that a schedule of patient centred activities which promote the emotional and social needs of patients should be provided. An area for improvement under the standards was identified.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication with patients.

### Areas for improvement

One area for improvement under the standards was made in regards to the provision of activities.

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

### 6.3.6 Consultation with stakeholders

Feedback received from one visiting professional during the inspection included the following comment:

- “Staff are really helpful”

In addition to speaking with patients, patients’ relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients’ relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, one patient’s relative questionnaire has been returned within the specified timescales. The respondent expressed high level of satisfaction with the provision of care, stating:

“The home is very well run ... staff are easy to access ... a very good home!”

Questionnaire comments received after specified timescales will be shared with the manager as necessary.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff collaboration with the multiprofessional team.

### Areas for improvement

No additional areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 Jane Bell, regional manager, as part of the inspection process. The timescales commence from the date of inspection. Following the inspection, these findings were also discussed with Sharon McCreary who has been subsequently appointed as the new manager for the home.

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 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 DHSSPS 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 29 (4) (a)(b)(c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>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.</p> <p>Ref: 6.3.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Monthly monitoring reports are completed in a timely fashion by our new regional manager. These reports are robust, thorough and accurately reflect the current status of the home.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (1) (c)(i)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<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>Ref: 6.3.3</p> <p><b>Response by registered person detailing the actions taken:</b>            A company training manager is now in post and has created a detailed training matrix to allow timely training of all staff and robust governance of same.</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 44  <b>Stated:</b> First time  <b>To be completed by:</b> 22 February 2019	<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>Ref: 6.3.4</p> <p><b>Response by registered person detailing the actions taken:</b>            All required refurbishments have been relayed to the company's maintenance co-ordinator and a detailed refurbishment plan is being constructed- this will be forwarded to RQIA in due course.</p>



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 February 2019</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>Ref: 6.3.5</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> We have now employed 2 activity therapists within the home, who are jointly constructing a patient-centred activity planner. Weekly activity planners are appropriately displayed for patients within the home and regularly reviewed to ensure all patients' needs are accommodated</p> <p>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.</p> <p>Ref: 6.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> A robust governance framework is currently being developed and will ensure that all nursing, health and welfare needs of patients are met in accordance with current best practice.</p>

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



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