

Inspection Report

8 March 2023



Brooklands Healthcare Antrim

Type of service: Nursing Home
Address: 50 Bush Road, Antrim, BT41 2QB
Telephone number: 028 9446 0444

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation: Brooklands Healthcare Ltd</p> <p>Responsible Individual: Mrs Therese Elizabeth Conway</p>	<p>Registered Manager: Mr Leslie Stephens – not registered</p>
<p>Person in charge at the time of inspection: Mr Leslie Stephens – manager</p>	<p>Number of registered places: 49</p> <p>There will be a maximum of 31 patients in the category NH-DE to be accommodated on the ground floor. 18 patients in the categories NH-I, NH-PH, NH-PH(E), NH-TI to be accommodated on the first floor.</p>
<p>Categories of care: 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 DE – Dementia.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 46</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>Brooklands Healthcare Antrim is a nursing home registered to provide nursing care for up to 49 patients. The home is split over two floors. The ground floor of the home provides nursing care for up to 31 patients living dementia. The first floor provides general nursing care for up to 18 patients. Ensuite bedrooms, lounges and dining rooms are located on both floors of the home.</p> <p>There is also a registered residential care home located within the same building; the manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 8 March 2023 from 10.00 am to 5.00 pm by a Care Inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection.

Patients were well presented in their appearance and spoke positively when describing their experiences on living in the home. Patients' unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff members promoted the dignity and well-being of patients and were knowledgeable of patients wishes and preferences.

As a result of the inspection, one new area for improvement was identified in relation to record keeping.

The findings of this report will provide the manager and management team 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, and a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

A poster was provided to the manager detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow patients and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

The daily life within the home was observed and how staff went about their work.

A range of documents and records were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

During the inspection we consulted with a number of patients, staff and relatives. Patients spoke positively on the care that they received and on their interactions with staff.

Discussions with staff confirmed that they felt positive about their roles and duties, though, some shared their concerns in relation to staffing arrangements in the home. This is discussed further in section 5.2.1.

Relatives told us that they were happy with the care provided in the home and were updated by the staff about any changes to their loved ones.

As stated in section 3.0, questionnaires and a poster with a link to an online survey were left with the management, to allow patients, relatives, visitors and staff unable to meet with the inspector the opportunity to provide feedback on the home. No questionnaires were returned to RQIA and we received no feedback from the staff online survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 6 December 2022		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 21.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The staff duty rota accurately reflected the staff working in the home on a daily basis. Some staff consulted with were off the opinion that an increase in staffing levels in an identified area would be helpful in assisting to meet the needs of patients. This was discussed with the management who confirmed that dependency levels were reviewed on a regular basis to determine staffing requirements. During the inspection it was observed that staff were responsive to requests for assistance and that assistance was provided in a timely manner; management however agreed to follow up with staff their comments and review the applicable dependency levels.

Systems were in place to ensure staff were trained and supported to do their job and mandatory training was progressing for staff. The management confirmed that training compliance was kept under review.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patients' needs, preferred daily routines, likes and dislikes, for example, where patients preferred to sit and what they liked to eat. Staff were seen to be skilled in communicating with the patients and to treat them with patience and understanding.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet patients' needs. Care plans included any advice or recommendations made by other healthcare professionals.

Care records reviewed were well maintained and regularly updated to ensure they continued to meet the patients' needs. Patients' individual preferences were reflected throughout the records.

Patients who were less able to mobilise were assisted by staff to mobilise or change their position as required. It was observed that, where required, there were care plans in place to direct care for the prevention of pressure ulcers and pressure relieving equipment was in use as directed. The repositioning records, for those patients who required the assistance of two staff to reposition did not consistently evidence two staff signatures. This was discussed with management for review and action as appropriate; an area for improvement was identified.

Patients' needs determine that they may require a range of support with eating and drinking; this may include simple encouragement through to full assistance from staff.

Lunch served in the dining room was an opportunity for patients to socialise and the atmosphere was supportive and paced appropriately for the level of need. The food served was attractively presented, smelled appetising and a variety of drinks were served with the meal.

Staff attended to patients' dining needs in a caring and compassionate manner and where required, staff engaged with patients' on a one to one basis to assist them with their meal. Some patients preferred to have their meal in their own room and this was readily accommodated with support provided as required.

Staff maintained a record of what patients had to eat and drink, as necessary. Nutritional assessments had been conducted on a regular basis by staff using the Malnutrition Universal Screening Tool (MUST), and there was evidence that patients' weights were checked as required to assist with weight monitoring. Patients spoken with commented positively in relation to the quality of the meals provided.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm, clean and comfortable. Patients bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home. One identified bedroom was noted to have a malodour; this was discussed with management who confirmed that the identified room was being reviewed for refurbishment; this will be followed up at a future inspection.

Corridors and fire exits were observed to free of clutter and obstruction.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

Staff took time to chat to patients as they were going about the daily routine; they asked patients how they were, if they would like a drink and if they needed anything. The atmosphere throughout the home was warm, welcoming and friendly.

Discussion with management and staff confirmed that an activity co-ordinator was available to provide activities for patients. Patients' needs were met through a range of individual and group activities, such as music and pamper sessions. Patients spoken with commented positively on the activities provided. Patients' engagement in activities was recorded in their records.

Staff recognised the importance of maintaining good communication with families; visiting arrangements were in place, with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mr Leslie Stephens has been the manager since November 2022.

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. Staff commented positively about the manager and described them as supportive, approachable and always available for guidance.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

A system was in place to monitor accidents and incidents that happened in the home. A review of a sample of these records found they were reported to RQIA in accordance with regulation and standards.

There was a system in place to manage complaints.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. A sample of reports were reviewed and identified that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. The reports were available for review by residents, their representatives, the Trust and RQIA.

6.0 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/or the Care Standards for Nursing Homes (April 2015)

	Regulations	Standards
Total number of Areas for Improvement	0	1

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

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (8 March 2023)</p>	<p>The registered person shall ensure that repositioning charts are signed by two staff where assistance of two is required.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Supervision held with care staff ensuring two staff sign at each repositioning. Same discussed at care assistant meeting on 12/04/2023.</p>

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The Regulation and Quality Improvement Authority

RQIA, 1st Floor
James House
Gasworks
2 – 4 Cromac Avenue
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews

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