

Inspection Report

19 May 2022



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

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: Therese Elizabeth Conway</p>	<p>Registered Manager: Mrs Geraldine Merry – not registered</p>
<p>Person in charge at the time of inspection: Mrs Geraldine Merry</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:</p> <p>36</p>
<p>Brief description of the accommodation/how the service operates: 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 with dementia. The first floor provides general nursing care for up to 18 patients. Patients have access to communal lounges, dining rooms and an enclosed garden.</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 19 May 2022 from 10.00 am to 5.45 pm by a Care Inspector.

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

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' unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Brooklands Healthcare Antrim was provided in a safe, effective, compassionate manner and was well led.

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

Five patients', two relatives and eight staff were spoken with during the inspection.

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 issue in raising any concerns with staff.

Relatives told us that they were very happy with the care provided in the home and were updated by the staff about any changes to their loved ones. One relative said, "The staff go above and beyond", whilst another said "I know he's safe".

The relatives spoken with commented, that an increase in staffing levels would be helpful. This is discussed further in section 5.2.1.

Staff acknowledged the challenges of working through the COVID – 19 pandemic and spoke of how much they enjoyed working with the patients and were complementary of the management team.

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 04/12/2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 20 (1) (a)	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 13 (1) (b)	The registered person shall ensure that sufficient staff members are available at all mealtimes to provide appropriate supervision of patients.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 16 (2) (b)</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (1) (2) (b)</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (a) (c)</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 13 (7)</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"> • Donning and doffing of personal protective equipment • Appropriate use and disposal of personal protective equipment • Staff knowledge and practice regarding hand hygiene • Adherence to best practice guidance in relation to being bare below the elbow • Appropriate storage of patient moving and handling equipment. • <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 10 (1)</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 41</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

<p>Area for improvement 2</p> <p>Ref: Standard 39.9</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p>	<p>The registered person shall ensure that accurate records are maintained to evidence patients who cannot use the nurse call systems are appropriately supervised.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</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>Carried forward to the next inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 48.8</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		

Area for improvement 6 Ref: Standard 40.2	The registered person shall ensure all staff members has a recorded annual appraisal. An appraisal schedule shall be in place, showing completion dates and the name of the appraiser.	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

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients. There was a system in place to monitor that staff were appropriately registered with the Nursing and Midwifery Council (NMC) and/or the Northern Ireland Social Care Council (NISCC). There was evidence that staff were provided with opportunities to complete supervision and annual appraisals.

The staff duty rota accurately reflected the staff working in the home on a daily basis and identified the person in charge when the Manager was not on duty. The Manager informed us that patients’ dependencies were reviewed on a regular basis to determine required staffing levels.

It was observed that staff responded to the needs of the patients in a timely way. Staff members were seen to be responsive to requests for assistance and to treat patients with respect and kindness.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. One staff member commented “I love it here, everyone is great”. Another staff member stated “I’m very happy here”.

There were systems in place to ensure staff were trained and supported to do their job. A review of training records and discussion with management confirmed that mandatory training was regularly reviewed.

Patients’ told us that staff attended to them in a respectful manner. It was observed that staff responded to patients’ requests for assistance in a timely, caring and compassionate manner.

Relatives spoken with confirmed they were satisfied that their loved ones were well cared for; however both relatives expressed a preference that more staff would be helpful. Comments made by relatives regarding staffing levels were discussed with the management team who acknowledged that there can sometimes be staffing challenges due to short notice sickness; however they confirmed that efforts were always made to provide cover.

The management further confirmed that dependency levels are regularly reviewed to ensure a sufficiency of staff; and recruitment is ongoing for new staff.

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 were seen to respect patients privacy, they knocked on doors before entering bedrooms and bathrooms and offered personal care discreetly.

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 members were seen to be skilled in communicating with the patients and to treat them with patience and understanding.

Where a patient was assessed as being at risk of falling, measures to reduce this risk were put in place, for example, equipment such as bedrails and alarm mats. Whilst the use of this type of equipment can be considered to be restrictive there were systems in place to ensure this aspect of care was safely managed. Those patients also had relevant care plans in place.

Patients who are 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. 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 nutritional needs. 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. Patients spoke positively in relation to the quality of the meals provided.

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

Daily records were kept of how each patient spent their day and the care and support provided by staff. A discussion with the Manager confirmed that patient care records are held confidentially and securely.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm and inviting; communal areas were suitably furnished and pleasantly decorated. There was evidence throughout the home of 'homely' touches such as personalised artwork, newspapers and magazines.

Patients and staff said the home was cleaned regularly. The home was observed to be clean, tidy and had no malodours.

Corridors and fire exits were observed to be clear of clutter and obstruction. Discussion with management and a review of records confirmed that staff members participate in fire drills with attendance monitored by management.

Patients' bedrooms were personalised with items important to them reflecting their individuality. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Appropriate precautions and protective measures were in place to manage the risk of infection. 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 offered patients choices throughout the day. Staff members were seen to be attentive to patients and to take time to ask them, for example, where they wanted to sit and if they wanted to go to the dining room at lunchtime. Staff members were seen to speak to patients in a friendly and caring manner.

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.

The provision of activities rests with care staff at present as there is no activity co-ordinator; however the management team advised that they are actively reviewing the activity provision and will be recruiting activity staff. The management confirmed that a singer attends on a regular basis and there was provision to celebrate special holidays, for example, Valentine's Day and Jubilee celebrations. Progress in this area will be reviewed at the next care inspection.

Staff recognised the importance of maintaining good communication with families; 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

There has been a change in the management of the home since the last inspection. Mrs Geraldine Merry has been the acting manager since 17 December 2021. Staff members 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 was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

A review of records and discussion with management confirmed that staff meetings are being conducted on a regular basis.

The Manager was the appointed safeguarding champion for the home. Good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

The Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints. Discussion with the manager confirmed that complaints were seen as an opportunity for the team to learn and improve.

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. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	1*

*The area for improvement was identified as a result of the previous inspection and has been carried forward for review at the next inspection.

No new areas for improvement were identified as a result of this inspection. Findings of the inspection were discussed with Mrs Geraldine Merry, Manager.

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 21.1</p> <p>Stated: First time</p> <p>To be completed by: 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: 5.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

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



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