

# Inspection Report

3 March 2022



## Brooklands Healthcare Kilkeel

**Type of Service: Nursing Home (NH)**  
**Address: 10 Newry Road, Kilkeel, BT34 4DT**  
**Tel No: 028 4176 4968**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Brooklands Healthcare Ltd</p> <p><b>Responsible Individual:</b> Ms Therese Elizabeth Conway</p>	<p><b>Registered Manager:</b> Ms Sharon Troughton</p> <p><b>Date registered:</b> 18 June 2020</p>
<p><b>Person in charge at the time of inspection:</b> Ms Sharon Troughton</p>	<p><b>Number of registered places:</b> 48</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 47</p> <p>Maximum number of persons in each category as follows: Ground Floor: NH-DE - 13, NH-MP(E) - 1. First Floor: NH-I - 27, NH-LD - 2, NH-LD(E) - 1, NH-PH - 1, NH-PH(E) - 2. There shall be a maximum of 1 named resident receiving residential care in category RC-I.</p>
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>This home is a registered Nursing Home which provides nursing care for up to 48 persons. The home is divided in two units. Moss Rose Suite, on the ground floor which provides care for people with dementia and first floor which provides general nursing care. Patients' bedrooms are located over the two floors. Patients have access to communal lounges, dining rooms and a garden. There is also a registered Residential Care Home under the same roof and the manager for this home manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 3 March 2022 from 10.55 am to 5.50 pm by a care inspector.

The inspection assessed progress since the last inspection and sought 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 care delivery and maintaining good working relationships.

Three areas for improvement have been identified in relation to the recording of neurological observations, registered categories of care and staff mandatory training regarding Mental Health Capacity – Deprivation of Liberty Safeguards (DoLS).

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the patients. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were seen to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to patients by staff in an unhurried, relaxed manner.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, a relative and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

### **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 registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

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.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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

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

The findings of the inspection were discussed with Ms Sharon Troughton, Manager, at the conclusion of the inspection.

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

During the inspection we spoke with eight patients individually, one patients' relative and seven staff. Patients told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

Following the inspection we received eight completed patient questionnaires. All returned questionnaires indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

Two patients spoken with commented:

"I have nothing but good things to say about the staff."

"The place is clean. It's spotless. My room is comfortable and I have no worries or complaints at all. It's my home."

A relative spoken with commented:

"We have no issues. The staff are very good and we know the manager and would discuss any concerns with her if we had any."

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

"Thank you so much for all of your wonderful care, looking after ... She was very content in Brooklands. Everyone was so warm hearted and kind. She couldn't have had better attention."

## 5.0 The inspection

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

The last inspection to Brooklands Healthcare Kilkeel was undertaken on 16 September 2021 by a Pharmacist Inspector; no new areas for improvement were identified. Areas for improvement identified at the last care inspection on 12 November 2020 were reviewed and validated as Met.

Areas for improvement from the last inspection on 12 November 2020		
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 21 <b>Stated:</b> First time	The registered person shall ensure that staff are recruited in accordance with relevant statutory employment legislation and mandatory requirements and that registration with an appropriate professional body is checked and documented prior to commencement of employment.  Ref: 6.2.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of staff recruitment records evidenced that staff are recruited in accordance with relevant statutory employment legislation and mandatory requirements and that registration with an appropriate professional body is checked and documented prior to commencement of employment.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that care records in relation to patient fluid intake charts, are completed accurately and contemporaneously at all times.  Ref: 6.2.3	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records in relation to patient fluid intake charts evidenced they are completed accurately and contemporaneously at all times.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of staff training records for 2021/2022 evidenced that staff had attended training regarding moving and handling, first aid and dementia awareness. The manager advised that training has been arranged for 2022 regarding infection prevention and control, human rights and fire awareness.

We discussed Deprivation of liberty safeguards (DoLS) and restrictive practices. Staff were aware of how to ensure that, if restrictive practices could not be avoided, best interest decisions were made safely for all patients but particularly those who were unable to make their own decisions. Staff told us they were unsure if they had completed DoLS training but were confident that they could report concerns about patients' safety and poor practice. Records requested regarding DoLS training showed that not all staff had completed the training. This was discussed with the manager who advised that she would implement a robust system to monitor DoLS training to ensure that all staff had completed it. An area for improvement was identified.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this. The manager's hours, and the capacity in which these were worked, were clearly recorded.

Two staff members spoken with commented:

"We're looking forward to new staff starting as we've had a difficult time lately due to the pandemic as some good staff have left. The manager is good and has been working on the floor to help us out."

"Staffing levels are more settled now. We had some difficult times but everyone helped out and our manager is very supportive."

Staff told us that the patient's needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Two patients spoken with said:

"The staff are very good and they look after me the very best. I have no issues."

"I'm very happy here and my room is comfortable. The staff are very nice and kind and they work hard."

## 5.2.2 Care Delivery and Record Keeping

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; and included any advice or recommendations made by other healthcare professionals. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Review of care records regarding nutrition and weight evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

Supplementary records regarding fluid intake were reviewed and were found to be well documented with the patients' fluid intake total recorded at the end of each day.

Neurological observation charts for patients who had unwitnessed falls were reviewed. It was noted that they were not recorded for a period of twenty-four hours in line with post fall protocol and current best practice. This was discussed with the manager and an area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the Dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patients' needs including, for example, their daily routine preferences. Staff respected patients' privacy and spoke to them with respect. It was also observed that staff discussed patients' care in a confidential manner and offered personal care to residents discreetly.

The manager advised that staff and patient meetings were held on a regular basis. Minutes were available.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Staff were observed to assist patients to the dining table with the use of specialised equipment. They were seen to use good moving and handling technique and offered clear instruction and encouragement while treating patients with dignity.

We observed the serving of the lunchtime meal in the dining room in Moss Rose Suite. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore

aprons when serving or assisting with meals. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The daily menu was displayed in the dining room on a white board showing patients what is available at each mealtime. Patients said that they enjoyed lunch.

Three patients spoken with said:

"I'm happy and settled here. The food's gorgeous and the staff are kind and lovely."

"The food's grand."

"All's fine. I've no problems. I like it here as the staff are attentive and the food's good. I let them know if I don't like what's on the menu and they'll get me something else."

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

We observed the internal environment of the home and noted that the home was comfortably warm, fresh smelling and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting them to make these choices. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

The treatment rooms, sluice rooms and cleaner's store were observed to be appropriately locked.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting and Care Partner arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.



#### **5.2.4 Quality of Life for Patients**

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of their time in their room and staff were observed supporting patients to make these choices.

A range of activities were provided for patients by the activity therapist. Discussion with staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients' needs were met through a range of individual and group activities, such as jewellery making, exercise class and bingo.

Staff recognised the importance of maintaining good communication between patients and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

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

Since the last inspection there has been no change in management arrangements. Ms Sharon Troughton has been the manager of the home from 18 June 2020. The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the manager indicated that the home was not operating in accordance with their Statement of Purpose or their registered categories of care. An area for improvement was identified. RQIA have written to the Responsible Individual requesting an investigation to review the arrangements for the named person and provide RQIA with the details of the actions needed to bring the home back into compliance.

Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding the patient mealtime experience, care plans, wounds and infection prevention and control (IPC) practices, including hand hygiene.

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

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.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager, Ms Sharon Troughton was identified as the appointed safeguarding champion for the home. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. They commented positively about the manager and described her as supportive and approachable.

## 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 the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Sharon Troughton, Registered Manager, 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 Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed:</b> With immediate effect</p>	<p>The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are completed for twenty-four hours in line with post fall protocol.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> Supervisions have been completed with staff nurses to ensure that all neurological observations are completed for twenty-four hours post unwitnessed falls.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed:</b> With immediate effect</p>	<p>The registered person shall ensure that the home operates in accordance with their registration and Statement of Purpose and that RQIA are notified of any changes.</p> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> The registered person will ensure that the home operates in accordance with their registration and statement of purpose. The RQIA will be notified of any changes.</p>

### Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 June 2022</p>	<p>The registered person shall ensure that all employed staff complete mandatory training in Mental Health Capacity – Deprivation of Liberty Safeguards (DoLS) and that a record of training is kept and closely monitored.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> The registered person will ensure all staff complete mandatory training in mental health capacity- deprivation of liberty safeguards. Training records and matrix is kept and monitored monthly.</p>

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



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