Inspection Report

21 & 22 May 2024

Brooklands Healthcare Antrim

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

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

1.0 Service information

Organisation: Brooklands Healthcare Ltd **Responsible Individual:** Mr Jarlath Conway	**Registered Manager:** Mrs Perla Balmes, not registered
Person in charge at the time of inspection: 21 May 2024 –Nieves Millet (Staff nurse) 22 May 2024 - Mrs Perla Balmes (manager)	**Number of registered places:** 49 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.
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	**Number of patients accommodated in the nursing home on the day of this inspection:** 48
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. En-suite bedrooms, lounges and dining rooms are located on both floors of the home. There is a residential care home located within the same building; the manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 21 May 2024 from 8.50 pm to 12 mid-night and 22 May 2024 from 10.20 am to 5.40 pm and was completed by two care inspectors.

Prior to the inspection, RQIA received information with regard to care provision within the dementia unit. In response to this information RQIA decided to undertake an inspection that mainly focused on the care delivery in the dementia unit.

The inspection also sought to assess progress with all areas for improvement identified since the last care inspection. Five areas for improvement (AFI) were met and three medicines related AFI's were carried forward for review at a future inspection. Please see the Quality Improvement Plan (QIP) in Section 6 for further details.

As a result of this inspection, no new areas for improvement were identified.

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.

In preparation for this inspection, 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.

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.

4.0 What people told us about the service

The inspectors met with a number of staff, patients, and the management team during the inspection.

Patients spoke positively about the care that they received. Some patients were unable to communicate their wishes due to the nature of dementia however, appeared to be comfortable in their surroundings. Patients who were less able to communicate were seen to be content in their surroundings and in their interactions with staff.

Staff generally reported that they enjoyed working in the home and that teamwork was good. The majority of staff told us they felt well supported by the manager and described them as supportive and approachable. Any issues raised by staff where discussed with the manager for review and action as appropriate.

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 30 January 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 20(1)(c)(i) **Stated:** First time	The registered person shall ensure that newly appointed staff complete mandatory training in a timely manner.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Regulation 16 (1) (2) **Stated:** First time	The registered person shall ensure that care plans are updated to reflect any changes in the patients' needs.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 **Ref:** Regulation 16(1) **Stated:** First time	The registered person shall ensure care plans for patients receiving 1:1 care are personalised to clearly identified the assessed needs of the patient.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 18 **Stated:** Second time	The registered person shall ensure that a patient specific care plan is in place and that the reason for and the outcome of administration is recorded on every occasion when medication is prescribed/administered on a 'when required' basis for the management of distressed reactions.	**Carried forward to the next inspection**

	Action taken as confirmed during the inspection: 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.	
Area for improvement 2 **Ref:** Standard 39 **Stated:** First time	The registered person shall ensure that staff are knowledgeable and demonstrate competency in response to emergency alarms.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 **Ref:** Standard 37.4 **Stated:** First time	The registered person shall ensure that the handover record is routinely reviewed and updated to ensure it is reflective of the patients' current needs.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 **Ref:** Standard 29 **Stated:** First time	The registered person shall ensure that medicine records are maintained to ensure a clear audit trail. This is stated with reference to entries on personal medication records and medicine administration records which must not be amended when there is a prescribed dosage change.	**Carried forward to the next inspection**
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 **Ref:** Standard 28	The registered person shall ensure that care plans for the covert administration of medicines include current patient and medicine specific detail to direct staff as to how each medicine should be administered.	**Carried forward to the next inspection**

Stated: First time	**Action taken as confirmed during the inspection**: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The staff duty rota accurately reflected the staff working in the home over a 24-hour period and identified the nurse in charge when the manager was not on duty. It was observed that, during the evening visit and the next day that there was enough staff in the unit to respond to the needs of the patients in a timely way. Discussion with the manager confirmed that patients' dependencies were reviewed on a regular basis to determine required staffing levels.

There were systems in place to ensure that staff were trained and supported to do their job and staff confirmed they were provided with an induction programme to prepare them for providing care to patients and a review of records further supported this. The manager advised that if staff transferred from other homes within the group a system was in place to ensure training and compliance was monitored.

Discussion with the manager confirmed that the home had recently engaged with the Northern Health and Social Care Trust (NHSCT) to assist with the delivery of training sessions pertaining to specialist areas, for example, dementia care. Records were available to evidence staff attendance at this training and the manager confirmed that further dates were booked for remaining staff to attend. Observation and discussion with staff evidenced staff were alert to behavioural changes in a patients wellbeing and took appropriate steps to deescalate the situation.

Observation and discussion with staff evidenced that staff promoted the dignity and wellbeing of the patient.

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, and a handover record was available and included detailed meaningful information pertaining to patients' individual needs.

Staff demonstrated their knowledge of individual patient's needs, preferred daily routines and likes and dislikes, for example, bed-time routine, where patients preferred to sit and what they liked to eat. Staff were observed 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 and were generally well maintained, reviewed and updated as required.

Bespoke care arrangements were in place for a number of patients and staff were observed supporting patients with their assessed care needs. Patients who required bespoke 1:1 care had individualised care plans in place and staff spoken with were knowledgeable about the patient's specific needs and were able to discuss the documentation that required completion, to evidence the care provided.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position as required, and care plans were in place to direct care for the prevention of pressure ulcers. Records evidenced that patients were assisted to change their position regularly. The frequency with which patients were required to be repositioned was not clearly identified on a small number of records. This was discussed with the manager, who actioned appropriately and provided assurance that this will be routinely monitored. Given this assurance, an area for improvement was not identified, however this will be reviewed at a future inspection

Staff were observed preparing food and drink for a patient during the night time inspection and discussion with the management confirmed that contingency measures were in place to ensure staff had access to food and drink supplies for patients when the kitchen staff were off duty.

Daily records were also 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

Examination of the homes environment evidenced the home was warm and comfortable. The manager confirmed that the environment was being reviewed with a focus on enhancing the experience of the patient living with dementia.

Observation of the environment and discussion with staff evidenced that there were adequate supplies of continence care supplies and personal protective equipment (PPE). Discussion with staff and observation evidenced that a system was in place to ensure that 'net pants' were labelled for individual patient use and not used communally. The manager provided assurance that this was monitored on a regular basis.

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

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients. Patients appeared to be content and settled in their surroundings.

The home had recently recruited a dedicated member of staff to oversee the provision of activities within the home. An induction, which included shadowing other activity therapists in other homes within the group, had taken place, however the activity therapist felt that further development and information would be useful with some aspects of the role; this was discussed with the manager.

Discussion with staff confirmed that a range of activities were provided, for example, music and arts and crafts; provision was also made to engage with external entertainers. An activity planner was available and displayed in a central part of the home for review by patients and relatives. Discussion with staff confirmed that the activity programme was being further developed, with a focus on dementia and the development of life story work to ensure activities were reflective of patient interests. Progress in this area will be reviewed at a future inspection.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Perla Balmes has been the Manager since 10 January 2023. An application to register with RQIA has been received by RQIA.

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.

Discussion with some staff identified that not all staff were aware of the on call management arrangements, this was raised with the manager who provided assurance that this information would be shared again with staff; this will be reviewed at a future inspection.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
Total number of Areas for Improvement	0	3*

* the total number of areas for improvement includes three which are carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with the management as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 18 **Stated:** Second time **To be completed by:** From the date of inspection (30 January 2024)	The registered person shall ensure that a patient specific care plan is in place and that the reason for and the outcome of administration is recorded on every occasion when medication is prescribed/administered on a 'when required' basis for the management of distressed reactions. Ref: 5.1 & 5.2.6
	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.
Area for improvement 2 **Ref:** Standard 29 **Stated:** First time **To be completed by:** From the date of inspection (30 January 2024)	The registered person shall ensure that medicine records are maintained to ensure a clear audit trail. This is stated with reference to entries on personal medication records and medicine administration records which must not be amended when there is a prescribed dosage change. Ref: 5.1 & 5.2.6
	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.
Area for improvement 3 **Ref:** Standard 28 **Stated:** First time **To be completed by:** From the date of inspection (30 January 2024)	The registered person shall ensure that care plans for the covert administration of medicines include current patient and medicine specific detail to direct staff as to how each medicine should be administered. Ref: 5.1 & 5.2.6
	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.

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