

Inspection Report

21 & 22 May 2024



Brooklands Healthcare Antrim

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

www.rqia.org.uk

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

Organisation/Registered Provider: Brooklands Healthcare Limited	Registered Manager: Mrs Perla Balmes – not registered
Responsible Individual: Mr Jarlath Conway	
Person in charge at the time of inspection: 21 May 2024 – Fadzai Jinga (Senior Care Assistant) 8.40 pm – 12.00 am 22 May 2024 – Perla Balmes (Manager) 10.00 am – 5.40 pm	Number of registered places: 13
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 12
Brief description of the accommodation/how the service operates: Brooklands Healthcare Antrim, Residential Care Unit, is a residential care home registered to provide health and social care for up to 13 residents living with dementia. There is a registered nursing 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 12.00 midnight and 22 May 2024 from 10.20 am to 5.40 pm and was completed by a care inspector.

Prior to the inspection, RQIA received information with regard to care provision within the home. The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and focused on; staffing arrangements, care delivery, record keeping and quality of life for residents.

The home was bright and welcoming; corridors and walkways were spacious and clutter free.

Residents who were able to make their wishes known told us they enjoyed residing in the home and that the staff were approachable.

Staff generally provided positive feedback about their experiences of working in the home. Staff told us there was good teamwork and that they were well supported by the management team. This is discussed further in the body of the report.

It was evident that staff were knowledgeable and trained to deliver safe and effective care. Staff were observed providing care in a caring and compassionate manner.

No new areas for improvement were identified at this inspection.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' 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, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, 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 were provided to give residents 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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoken with throughout the inspection provided positive feedback about their experiences residing in the home. One resident told us, "the staff are very good to me, they're all very pleasant." Those residents who were unable to communicate their wishes due to dementia appeared to be relaxed and comfortable in their surroundings.

Staff generally provided positive feedback about their experiences working in the home. Staff spoken with told us the management team were supportive and approachable and that there was good teamwork. One staff member said, “staff all show respect to one another.” Another staff member told us, “the manager has been a great support.”

No questionnaires were returned by residents or relatives within the identified timeframes following the inspection. Four staff members completed the online survey, the staff provided positive feedback and told us they were generally satisfied that the care was; compassionate, effective and well led. One of the comments received said, “RDU is a great unit to work on, good professional friendly approach with residents, family and staff. Supportive management always available when needed. Enjoy working here very rewarding.”

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 th January 2024		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (c) (1) Stated: First time	The registered person shall ensure staff are appropriately trained to identify IDDSI levels in relation to food and fluids for each individuals assessed need.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 12 (5) (c) Stated: First time	The registered person shall ensure that residents receive the correct modified diet in line with their assessed Speech and Language Therapy (SALT) recommendations.	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 Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1	The registered person shall ensure that care plans are updated to accurately reflect SALT recommendations.	Met

Ref: Standard 6.6 Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 6 Stated: First time	The registered person shall ensure that care plans are personalised and include specific, individualised interventions to meet the assessed needs of the resident. 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.	Carried forward to the next inspection
Area for improvement 3 Ref: Standard 13 Stated: First time	The registered person shall ensure there is a structured programme of activities and that this is displayed in a suitable format for residents. 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 residents. There were systems in place to ensure staff were trained and inducted to do their job. Staff told us there is good opportunities for training for example; dementia and dysphagia training.

Feedback regarding team work in the home was positive, staff told us there was good team work and generally that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and the management team. Staff told us there is a good atmosphere working in the home. One staff member said, "the manager is very supportive and encouraging." Other comments made by staff were shared with the management team for action as deemed appropriate.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. Staff told us that the residents' 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.

Staff were knowledgeable of residents likes and dislikes and were able to offer residents reassurance if presenting with distress or required increased support.

The management team advised that training had been organised through the Northern Health and Social Care Trust (NHSCT) for specific areas, for example; dementia. The management team confirmed all staff were currently completing training in these areas if deemed appropriate to their role.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet. Staff were able to demonstrate good knowledge of residents who required modified diets and it was confirmed that there were systems in place to ensure residents received the correct diet.

There was choice of meals offered, the food was attractively presented, smelled appetising, and portions were generous. There was a variety of drinks available. Staff confirmed that contingency arrangements were in place to provide food and drinks to residents when kitchen staff were not on duty. However, staff were unsure about the reporting systems in place to escalate any concerns with availability in the event the manager was not available. A discussion took place with the management team to review this system and ensure staff are clear of the reporting structure. This will be reviewed at a future inspection.

Staff were observed to carry out hand hygiene at appropriate times and to use Personal Protective Equipment (PPE) in accordance with the regional guidance. Staff told us they had access to adequate supplies of PPE and if there were deficits, this would be escalated to the management team and sourced.

Staff confirmed there was a system in place for the management of net pants, wherein if these were required for residents they were labelled and stored in individual's bedrooms for individual use. The management team provided assurances this is monitored on an ongoing basis.

5.2.3 Quality of Life for Residents

There was evidence of positive interactions between staff and residents; staff were observed offering choice to residents throughout the day and were respectful of residents wishes.

There was a range of activities provided for residents by staff and by visiting musicians to the home. An activity co-ordinator has been employed by the home to co-ordinate activities. There was evidence of social, community, religious, spiritual and creative events, for example; visits from a therapy pony and a local musician. There was evidence of life story work having been completed with residents. The activity schedule was on display for residents and the activity co-ordinator told us the structure of this remains under review to ensure it is suitable for all residents.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	0	1*

* the total number of areas for improvement includes one standard that has been 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 Mrs Perla Balmes (Manager) and the management team 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 Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: 30 February 2024	The registered person shall ensure that care plans are personalised and include specific, individualised interventions to meet the assessed needs of the resident. Ref: 5.1 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.

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care