



## Announced Care Inspection Report 8 October 2020



### Brooklands Healthcare Magherafelt

**Type of Service: Residential Care Home**  
**Address: Residential Dementia Unit, 66 Hospital Road,  
Magherafelt, BT45 5EG**  
**Tel No: 028 7963 4490**  
**Inspector: Nora Curran**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide residential care for up to 8 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Brooklands Healthcare Ltd  <b>Responsible Individual(s):</b> Therese Elizabeth Conway	<b>Registered Manager and date registered:</b> Deirdre Mary Monaghan 11 June 2018
<b>Person in charge at the time of inspection:</b> Deirdre Monaghan	<b>Number of registered places:</b> 8
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 8

### 4.0 Inspection summary

An announced inspection took place on 8 October 2020 from 11.30 to 15.15 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection prevention and control
- quality of life for residents
- quality improvement.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1*	1

\*The total number of areas for improvement includes one which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Deirdre Monaghan, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- duty rotas from 4 to 24 September 2020
- statement of purpose
- service user guide
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports from July and August 2020
- complaints and compliments records
- incident and accident records
- minutes of residents'/relatives'/staff meetings
- activity planner from August 2020
- three residents' nutritional care records.

During the inspection RQIA were able to consult with residents and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents and residents' representatives and staff. Ten patients' questionnaires and ten residents' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Within the timeframe allocated we received two completed questionnaires from relative/representatives. Their feedback has been included in the body of this report.

Following a review of the information submitted to RQIA, the inspection took place via teleconference with Deirdre Monaghan, manager.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 9 October 2019. The completed QIP was returned and reviewed at this inspection.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (d) (l)  <b>Stated:</b> First time	The registered person shall repair the door to the communal lounge so it closes properly.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation during the inspection evidenced that this area for improvement was not met as the door closing mechanism failed during several attempts. This is discussed further in Section 6.2.5. This area for improvement has not been met and has been stated for a second time.	

## 6.2 Inspection findings

### 6.2.1 Staffing

On the commencement of the inspection the manager confirmed the number of staff and skill mix over the 24 hour period. Two weeks off duty rota from 4 to 24 September 2020 were reviewed and we could see that expected staffing levels and skill mix were adhered to during that period. The off duty rotas also reflected a lap-over period at the beginning and end of each shift to allow for safe and effective handover time. We noted from the duty rota that some staff names were documented in full while some only showed initials then surnames. This was discussed with the manager and it was agreed that for clarity and consistency, full names would be displayed on the duty rotas. This will be reviewed at the next inspection.

The manager confirmed that there were systems in place to ensure recruitment of new staff adhered to the relevant employment legislation. This included pre-employment requirements such as Access NI and suitable references. Where required evidence was obtained of staffs' registration with Northern Ireland Social Care Council (NISCC) and this was monitored monthly by the manager.

Staff spoken with on the day of inspection told us that they were happy with the staffing arrangements in the home and felt they delivered safe and effective care. The returned relative questionnaires stated that they were very satisfied that the service was safe, effective and compassionate.

Staff spoken with reported that they were provided with adequate training which enabled them to conduct their roles with up to date skills and knowledge. Staff had also been receiving ongoing face to face training sessions despite the pandemic as the provider company had staff trained to teach relevant practical topics such as client moving and handling and first aid. This was delivered to staff with social distancing measures in place. In response to the COVID-19 pandemic staff completed additional training session via teleconference on donning and doffing of personal protective equipment (PPE), and the manager monitored practice through daily

observations. The manager confirmed that all staff had completed training on the Mental Capacity Act (NI) 2016 to level 3. In addition other mandatory training was provided online and was governed at managerial and operational level through a learning matrix. This gave the manager good overview of staffs' progress and training needs. Supervision sessions were completed with each staff member a minimum of twice yearly and annual appraisals were in place and up to date.

There was evidence of good communication with staff through staff meetings held at regular intervals, records of which were maintained by the manager. We reviewed the records from two staff meetings held in July 2020 and found that they detailed attendance lists, topics discussed and actions where required. The records were signed and dated by the manager.

As part of the pre-inspection documents review we looked at quality assurance questionnaires which had been completed by residents in July 2020 for the provider. Five out of eight questionnaires had been completed and in relation to the care provided 20% stated the care was good and 80% stated the care was very good.

With reference to staff, residents told us:

- "It's all good."
- "I'm happy...they are all good girls."

Staff said:

- "We are fully staffed every day...it's a good team and everybody works together."
- "We do a lot of training...whatever we need."
- "During the day we have 8 residents and 2 staff, that's very good...I'm happy all day."

### **6.2.2. Management arrangements**

There was a clear organisational structure in place and we established that there had been no changes to the management arrangements in the home since the last inspection. Staff were aware of the organisation structure and could clearly explain the reporting or escalating process.

In the absence of the manager a senior care assistant (SCA) assumes charge of the home. This person is identified on the duty rota and has access to on call arrangements if required. In the event of an emergency or need to escalate issues, contact numbers are provided for a lead SCA, manager, regional manager and registered provider, and the on call arrangements are displayed on the staff notice board. The SCAs who would take charge of the home have a person in charge competency completed by the manager, and this is reviewed annually along with a medicines management competency.

There were no open adult safeguarding cases at the time of inspection and we established that the responsible individual for the provider was the named safeguarding champion, although the manager informed us that the regional manager was currently completing the training for this role. Staff confirmed that they were aware of their safeguarding champion and were confident in the safeguarding process.

The returned questionnaires from relatives stated that they were very satisfied that the service was well led.

Staff said:

- “Our manager is very good...helps keep us right.”
- “I feel listened to...had concerns at the start of COVID but they were resolved at the time...I’m satisfied or I wouldn’t be here.”
- “Management do their best.”

### **6.2.3 Governance systems**

Prior to the inspection we requested copies of a number of audits to be sent to RQIA for review. We looked at infection prevention and control (IPC), hand hygiene, accidents and incidents, falls, infections, weights, restrictive practice, pressure ulcers, and complaints and compliments. We also requested copies of the provider monthly monitoring visits from two consecutive months. IPC and hand hygiene will be discussed in section 6.2.4.

Both accident and incident and the falls audits were completed monthly. We reviewed August 2020 and while we could see that no incidents had occurred during this time, the format incorporated all relevant fields such as details of the event, outcome, people informed and trends. The monthly pressure ulcer audit also showed that no residents currently had any pressure damage, but again we could see that the template included all expected fields such as grade and location of wound, how it was acquired, treatment plan, specialized equipment and multidisciplinary involvement. The restrictive practice audits covered the type of practice, commencement date, consent, risk assessment and care plan. The manager had good overview of infections by way of a monthly audit which detailed type of infections, date of onset, and treatment plan. The complaints records showed that no recent formal complaints had been made. There were no concerns in relation to these governance systems.

The records for provider monthly monitoring visits in July and August 2020 were requested and reviewed. The visits were unannounced, looked at the environment, samples of care records and audits, and consulted with staff and residents. The visits resulted in a written report for the manager which included an action plan. Each report commented on progress made from the previous visit. There were no concerns in relation to the monitoring visits and records.

During the review of three residents’ nutritional related care records, we found that there were gaps in the recording of weights. However, it was observed that weights were being recorded on two different document systems which if viewed in isolation resulted in incomplete records. It was agreed that having two documents had the potential to lead to oversights and the manager gave assurances that one of the documents would be discontinued and all staff would be made aware of the agreed location for weight records. This will be reviewed at the next inspection.

### **6.2.4 Infection prevention and control (IPC)**

We confirmed that the home had remained free from COVID-19 throughout the pandemic. Environmental IPC audits were conducted on a regular basis. We reviewed eight of the most recent audits and could see that they detailed the areas looked at, any issues to be addressed and action plans if required. No issues were identified. We also reviewed the hand hygiene sections and could see that between 7 August and 28 August 2020 eight staff were covertly observed for hand hygiene practices and knowledge, and no issues were identified.

While no changes were required in relation to staffing levels during the pandemic, changes had been made to the cleaning schedules to ensure the enhanced standards were met as per Public Health Agency (PHA) guidance. In addition to the housekeeping staff increasing frequency of regular touch point cleans, the senior care assistants and care assistants took on additional cleaning tasks in the evenings and during the night. Staff members spoken with were aware of their responsibilities in relation to the enhanced duties and a colour coded system was in place to reduce the risk of cross contamination of areas.

Measures were in place to reduce the risks of infection being brought into the home by staff and visitors. Staff followed a uniform policy which did not allow uniforms to be worn outside of work. Changing facilities were available for staff use and lockers were provided. Staffs' health was monitored through health declarations and staff were aware of their responsibilities to self-monitor and report issues immediately without coming to work. Temperatures were obtained twice daily at the start and end of each shift. Personal protective equipment (PPE) was provided and worn in all amber areas of the home. The home was also engaging with the regional programme for planned and regular COVID-19 testing for staff and residents.

Professional and other visitors also had safety measure to follow before entering the home. Notices were on display for visitors to wait at the front door in a porch area where staff would process and record temperature checks and health declarations. Sanitiser and PPE were provided.

Up until the week prior to the inspection the home had been operating a visiting protocol in line with the COVID-19 Regional Principles for Visiting in Care Settings in Northern Ireland. However due to an increase in transmission rates in the local area the manager had made a risk assessed decision to impose further restrictions and close to all non-essential visiting. The manager gave assurances that this was being reviewed daily, all relevant people had been informed and individual risk assessments would be carried out if any exceptional circumstances arose. Residents were facilitated to keep in touch with family and friends by telephone. As part of the pre-inspection self-assessment process the manager did identify that the Wi-Fi connectivity in the building was poor and that this was an area that required improvement, especially during this time when this facility is essential for residents keeping in touch with family and friends via video calls etc. The manager confirmed that this had been escalated to the provider and states that this will be addressed as soon as possible. This will be reviewed again at the next inspection.

The quality assurance questionnaires completed by residents in July 2020 indicated that in relation to their environment and laundry services, 20% stated they were satisfied and 80% stated that they were very satisfied.

Residents on the day of inspection also told us:

- “My bedroom is clean and hoovered every day...I feel safe.”
- “It’s nice and clean.”

Staff said:

- “With COVID we worked through the first peak and I feel safe in work.”
- (COVID-19 guidance) “Deirdre (manager) is really good at giving us the updated.”
- “Everybody is following the hygiene standards and we get the updates and everyone follows them.”



## 6.2.5 Quality of life for residents

During the inspection we took a virtual walk around the home using video call. We observed the corridors to be clean, free from clutter and well-lit. We could see that the current staffing station was on the corridor and there were some storage issues in relation to space for clean linen and the medicine trolley. Temporary arrangements had been put in place for clean linen to be stored in plastic lidded boxes on a shelf under the staff desk and the medicine trolley was secured to a wall behind the staff desk. This had been previously identified by the manager as an area requiring improvement and the provider had submitted a variation application to RQIA for internal works to address the storage situation. It is expected that the works will take place as soon as reasonably possible during the pandemic and the variations will be inspected by RQIA once complete.

On the walk around we observed the communal lounge where some residents were enjoying working on craft activities. Later we observed residents going out for accompanied walks around the garden. The lounge was clean and well maintained and had refreshments available for residents. The dining area was spaced out to encourage social distancing and we could see that residents were free to choose where they sat for meals. An orientation board was on display with daily information and staff informed us that night staff update this before residents get up in the morning.

We viewed two residents' bedrooms and found them to be clean, well-lit and personalised for each resident. Residents also looked well-groomed and comfortable in their surroundings.

We observed staff test the fire closing mechanism on the communal lounge door and could see that the door failed to close properly on several attempts. While it was acknowledged that this door was located in a low risk area for fires, it is imperative that fire safety related equipment is maintained in working order. This area for improvement has therefore been stated for a second time. We did not identify other areas of concern in relation to fire safety as we could see that fire exits were free from obstruction and did not observe any breaches such as doors being propped open. We were satisfied that this was an isolated issue. RQIA were concerned that this had not been identified through the current governance arrangements and a new area for improvement has been stated in relation to reviewing the governance arrangements for fire safety.

There was evidence of good communication and engagement with residents in the form of regular resident meetings. We could see that records were maintained, which included attendance lists, topics discussed, feedback from residents and action plans if required. The records showed generally very positive comments from residents in relation to food, their environment, laundry and the care provided by staff. Residents often gave suggestions for activities and were offered opportunity to express their thoughts and feeling on topical issues such as staff wearing PPE. It was also evident that the home had made arrangements for regular relative meetings however there had been no attendees in recent times. The manager continues to schedule relative meetings every three months as per statement of purpose and service user guide.

We reviewed nutritional related care records for three residents. There was evidence of relevant risk assessments on each resident and care plans were in place for any identified care needs. One resident was on a recommended fluid restriction and this was reflected in the daily intake monitoring records and in the eating and drinking care plan. However the care plan lacked detail of what staff should do in the event of the resident exceeding fluid target on

consecutive days. This was addressed immediately by the manager and a request was made to the resident's GP to advise staff on actions to be taken. The manager provided evidence within an agreed timeframe that staff had liaised with the GP and the records were updated to reflect this.

We reviewed a four week menu from August 2020 and could see a variety of options. Residents were offered a minimum of two choices per sitting and this choice was also available for those on modified diets. Drinks and snacks were available to residents at any time of the day or night and options for those on modified consistency included yogurts, pureed or softened fruits, pancakes, fortified puddings and ice cream. There was evidence of good communication between care staff and catering staff in relation to those residents requiring modified consistencies or additional fortification in meals. There was up to date information on dysphagia on display for both care and catering staff.

In discussion about life in Brooklands Healthcare Magherafelt, residents said:

- "The food is brilliant, anything we want we get...good wee team...I keep busy playing bingo and stuff, we do all sorts here...I love rock n' roll and I get to listen to it."
- "I'm very happy...the girls are all lovely...the food is good...I watch TV and love the garden."

Staff said:

- "The food is presented well, its appetising, there is variety and can change daily depending on what the residents want."
- "It would be good if we have better Wi-Fi so we could do more with the residents using internet resources."
- "I enjoy work...there are nice food options everyday...we can share our opinions here."

### 6.2.6 Quality improvement

As part of the self-assessment process prior to inspection the manager had identified several areas where improvements could be achieved. Firstly in relation to the environment, actions were already in place for the commencement of works in the interior to provide better storage for clean linen and medicines. These works would also improve confidentiality as telephone conversations relating to resident care would be conducted in a closed office rather than at a staff station on the corridor. The issue relating to poor Wi-Fi was also progressed to a senior level within the company for action. The upgrade in WI-FI would have the potential to improve quality of life for residents as it would allow for face to face communications and provide better access to resources in entertainment and activities.

There were also plans in place to renovate the enclosed garden to be more dementia friendly. This was in the process of being approved at operational level and there were plans to have the works completed within twelve months.

### Areas of good practice

Areas of good practice were identified in relation to the home's response to the COVID-19 pandemic, IPC, staff training and development, and provision of nutrition for residents. Additional areas of good practice were seen in relation to engagement with residents on their thoughts, feelings and opinions on life in the home and this was reflected well in residents'

meeting records and changes to menus and activity plans as requested by residents. The residents we spoke with on the day of the inspection were also aware of the pandemic and the safety measures in place, and they spoke in warm and positive terms about how they felt safe in the home.

## Areas for improvement

One area for improvement was identified in relation to fire safety governance.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.3 Conclusion

Overall the feedback from the inspection was positive. There was a stable management arrangement in place. Staff and residents spoke in positive terms about living and working in Brooklands Healthcare Magherafelt. The manager had identified some areas for improvement prior to the inspection which consisted of; internal renovations to install staff office and better storage space, exterior works on a dementia friendly garden, and improvements in WI-FI service. One new area for improvement was identified in relation to fire safety governance and a previous area for improvement in relation to an ongoing fault in the communal lounge door mechanism has been stated for a second time.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Deirdre Monaghan, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (d) (i)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	The registered person shall repair the door to the communal lounge so it closes properly  <b>Ref:</b> 6.2.5  <b>Response by registered person detailing the actions taken:</b> The door to the communal area has been repaired and is closing properly
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29 (5)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that fire safety checks are completed in full; recorded, maintained and any deficits are reported to the manager immediately.  <b>Ref:</b> 6.2.5  <b>Response by registered person detailing the actions taken:</b> The fire safety checks are completed and records are monitored by the Head Maintenance person. Any deficits are reported to the Home Manager and appropriate action completed to rectify these issues.

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



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