

Unannounced Care Inspection Report

29 April 2021



Brooklands Healthcare Magherafelt

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

www.rqia.org.uk

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

Organisation/Registered Provider: Brooklands Healthcare Ltd Responsible Individual: Therese Elizabeth Conway	Registered Manager and date registered: Deirdre Mary Monaghan – 11 June 2018
Person in charge at the time of inspection: Deirdre Mary Monaghan	Number of registered places: 8
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential home on the day of this inspection: 6

4.0 Inspection summary

An unannounced inspection took place on 29 April 2021 from 10.00 to 14.45 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.

The inspection sought to assess progress with areas for improvement identified in the previous quality improvement plan; it also sought to determine if the residents were provided with safe, effective and compassionate care and if the service was well managed.

The following areas were examined during the inspection:

- staffing
- the environment
- infection prevention and control (IPC) and personal protective equipment (PPE)
- care delivery
- governance and management.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with five residents, one professional visitor, and four staff. Ten residents' questionnaires and ten residents' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

No staff surveys were completed and no resident or resident representative questionnaires were received.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas from 16 April to 6 May 2021
- records confirming registration of relevant staff with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- staff training
- staff recruitment
- complaints
- accidents and incidents
- a selection of quality assurance audits
- provider monthly monitoring visit records
- fire risk assessment
- fire safety maintenance
- fire drills
- mental capacity and deprivation of liberty records
- three residents' care records.

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 announced care inspection undertaken on 8 October 2020.

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
Area for improvement 1 Ref: Regulation 27 (4) (d) Stated: Second time	The registered person shall repair the door to the communal lounge so it closes properly	Met
	Action taken as confirmed during the inspection: The door to the communal lounge had been repaired. Door closing mechanism was activated and found to be working correctly.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 29 (5) Stated: First time	The registered person shall ensure that fire safety checks are completed in full; recorded, maintained and any deficits are reported to the manager immediately.	Met
	Action taken as confirmed during the inspection: Fire safety maintenance records were fully maintained.	

6.2 Inspection findings

6.2.1 Staffing

Safe staffing begins at the point of recruitment. Three staff recruitment records were reviewed as part of the inspection. There was a system in place to verify staff identity, complete enhanced Access NI checks, obtain employment references, review staffs' health status, and where applicable, evidence of relevant qualifications and training. It was also noted that, where required, proof of eligibility to work in the UK was obtained.

Staff were provided with a comprehensive induction to prepare them for working with residents and the staff records showed that induction programmes were completed and signed off by both the employee and a mentor or manager.

Newly recruited care staff, not previously registered with NISCC, were supported to start the application process at the start of their employment. All other relevant staff were registered with NISCC. The NISCC register was checked monthly and evidence of follow up on any anomalies was detailed and signed off. The manager was registered with the Nursing and Midwifery Council (NMC) and registration status was also checked monthly.

Duty rotas accurately reflected the staff working in the home over the 24 hour period. A senior care assistant would assume charge of the home in the absence of the manager and person in charge competencies were completed and reviewed yearly.

There was a system in place to ensure that mandatory training was kept up to date. While the majority of mandatory training was being provided on an eLearning platform due to the COVID-19 pandemic, a number of training sessions had been provided face to face with small groups of staff and socially distanced where possible. Recent sessions included first aid, moving and handling and fire safety.

Staff told us that they felt supported in their roles and were satisfied with the training provided. One staff member said that they were encouraged to pursue continued professional development beyond that which is required as essential. This was identified as good practice.

Staff and residents told us that they were satisfied with the planned staffing levels, and staff informed us that they received a handover at the beginning of each shift to help them plan out resident care.

The professional visitor spoke positively about the staff and said "they seem on the ball with soothing and reassuring residents if upset or confused...staff are able to pass on information".

6.2.2 The environment

Corridors were clean and free from clutter or hazards. Fire doors were unobstructed. The home was decorated to a satisfactory standard and free from malodour. Areas containing items with potential to cause harm such as the cleaning store and sluice room were appropriately secured.

All occupied bedrooms were inspected, with the exception of one where the resident was in isolation as per COVID-19 guidance on new admissions. Bedrooms were well decorated, clean, with neatly made beds, and personalised with resident memorabilia. Care was taken with residents' personal belongings and wardrobes were tidy and well organised.

A sample of call bells were tested and found to be in working order. Creams and toiletries belonging to individual residents were secured in a locked drawer when not in use.

The communal toilet and bathroom were easily accessible and clean. Dementia friendly signage was used on all doors to assist with residents' orientation.

6.2.3 Infection prevention and control (IPC) and personal protective equipment (PPE)

Precautions were in place to minimise the risk of spread of infections. Signage was displayed at the entrance to the home to reflect the current guidance on COVID-19. All visitors had a temperature check and health declaration completed on arrival. There was facility to carry out hand hygiene and put on the recommended PPE before proceeding further into the home.

Staff said that they had ample PPE for each shift and that supplies were replenished regularly. PPE stations were seen to be well stocked. Staff had received updated IPC training which incorporated COVID-19 precautions and donning and doffing of PPE. Illustrated signage was also available to remind staff of the correct donning and doffing order and the hand hygiene steps.

Staff were seen to carry out hand hygiene at key moments and were observed to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was monitored through managerial observations and audits, which captured observations and assess staff knowledge.

Staff recognised the importance of maintaining the home to a high level of cleanliness. In addition to the regular cleaning schedule, all frequently touched points, for example light switches and door handles, were cleaned regularly over the 24 hour period. Care staff were seen to complete a round of touch point cleaning at set times of the day. Deep cleaning was completed as required. Domestic staff confirmed that they had adequate cleaning materials and supplies.

Staff and residents had a twice daily temperature check completed as required under current Department of Health (DoH) guidance. As part of the regional planned and regular testing programme, residents were tested for COVID-19 on a four weekly basis and staff were tested weekly.

Visiting was facilitated by appointment in a designated and specially designed hub, which was sanitised between each visit. Residents were also assisted with making telephone or video calls to help keep in touch with family and friends.

Recent correspondences from the home to resident next of kin showed that the DoH's care partner role was explained and offered. The manager informed us that following issue of the letters, telephone calls were made to residents' next of kin to further explain the role. No relatives had availed of this programme.

Policies were in place for visiting a care home during the pandemic and the care partner initiative, and were reflective of the DoH guidance.

Staff and residents told us that they felt safe in the home and believed that the risks due to the pandemic have been managed well.

6.2.4 Care delivery

All residents should receive the right care at the right time to meet their daily needs. Staff confirmed that they meet at the start of each shift to discuss the needs of the residents. In addition, care records were available to inform care staff of residents' assessed needs. Staff were knowledgeable of individual residents' needs and daily routine, and told us that working with a small group of residents meant that they could spend the time to really get to know residents well.

Staff demonstrated respect for resident privacy by actions such as bringing residents to a private area for professional visitor consultation, ensuring doors were closed for residents who attended the bathroom independently, or knocking on doors before entering a resident's room. Resident care was also discussed in a confidential manner.

Staff were seen and heard to be respectful during interactions with residents at all times and demonstrated compassion and patience when engaging with residents who required continual reassurance, support and guidance.

Residents' needs were assessed at the time of admission to the home. It was noted that senior care staff used the malnutrition universal screening tool (MUST) and the Braden tool for assessing pressure risk. This was discussed with the manager and regional manager who provided assurances that all senior staff were trained in the use of these assessment tools and had competency assessments completed yearly. Care plans were developed to direct staff how to meet those assessed needs and included any advice or recommendations made by healthcare professionals. It was noted that one resident's skin integrity care plan did not reference the use of a pressure relieving mattress or instruct staff what to do in the event that the mattress failed or the alarm activated. This was discussed with the senior care staff and the matter was rectified immediately.

Care records were regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and details of care plans were shared with the residents' next of kin where appropriate. Consent was also obtained for the use of any restrictive practice such as alarm mats.

Care plans were found to be person centred, referenced deprivation of liberty safeguards and respect for residents' rights.

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

Staff routinely offered resident choices, such as where they wished to sit, what clothes they wore, food and drink options and how they wanted to spend their time. Several social activities were seen to be facilitated by staff during the inspection, including a quiz, reciting popular proverbs, a sing along, a bird puzzle and knitting. Residents enjoyed the social atmosphere and looked cared for, in that they were well dressed with finishing touches such as jewellery.

Morning tea trolley round and the lunch serving were observed. A selection of drinks and snacks was available throughout the day and the tea trolley offer hot and cold drinks and a selection of snacks was provided at 11am.

It was noted that the dining tables were not set in advance of the lunch serving and after some observations and discussion with the manager it was acknowledged that some challenges were posed by the communal space. As the resident communal area was a split space with dual purpose of lounge and dining area, it was difficult for staff to set tables in advance as some residents used them for other activities such as working on puzzles.

An IPC issue had also been raised in relation to having cutlery set out in advance with the potential for being touched by multiple residents before the meal sitting. This was discussed with the manager and regional manager to explore ways to manage this and it was agreed that staff would ensure residents had cutlery, napkins and drinks before food would be placed in front of them. Condiments would also be offered in a timely manner. This will be reviewed again at the next inspection.

Residents told us that they were well looked after, that they were occupied during the day and that they felt safe day and night.

The visiting professional said, "I never have a concern...residents always look well, clean and happy...this is a lovely homely place".

6.2.5 Governance and management

There was a clear management structure within the home to ensure lines of accountability. Staff were familiar with who was in charge at any given time and with the specific roles and responsibilities of the full team. There were written policies and procedures for all aspects of the running of the home and staff had access to these. Staff told us that there was good communication from management and everyone knew what was expected of them.

There was a system of audits which covered a range of areas. A selection of audits was reviewed which included fire safety, accident and incident analysis, falls prevention and management, pressure prevention, IPC and hand hygiene, and restrictive practice. Audits were completed regularly to ensure that the manager had effective oversight of care delivery and health and safety.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

There was a system in place to manage any complaints received. Records indicated that no complaints had been received in 2021 to date.

Records of compliments received by the home were kept and shared with the staff group. A thank you card to staff from a relative of a resident who had recently stayed in the home said, "...for keeping me up to date with...progress through the week and also for your hairdressing skills".

A representative of the registered provider visited the home each month for a monitoring review. This is with exception to periods of outbreak when footfall was kept to a minimum. During periods of outbreak there was evidence of regular correspondence with the regional manager and monitoring of records was conducted remotely. An unannounced monitoring visit was under way on the day of inspection.

Each monthly monitoring visit resulted in a written report which detailed any progress made since the last inspection, a review of all aspects of the running of the home, consultation with residents, staff and relatives and concluded with an action plan to further drive improvement.

The manager confirmed that there was regular contact with senior management team to support the correct level of managerial oversight of the running of the home.

Staff commented positively about the manager and said that they felt supported and could approach the manager or person in charge at any time to report issues or concerns or for guidance.

Areas of good practice

Areas of good practice were identified in relation to staffs' interactions and engagement with residents and with the continued professional development of staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

As a result of the inspection the areas identified for improvement in the previous quality improvement plan were met, and no new areas for improvement were identified.

Residents were well cared for, in that assessed needs were being met, residents looked well and comfortable, and any disorientation or distress relating to dementia was managed effectively and compassionately by staff.

Staff spoke positively about working in the home and said they felt supported in their roles and experienced good job satisfaction in providing care for residents and seeing good outcomes for residents.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

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

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