



# Unannounced Care Inspection Report 9 April 2019



## 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: John McAuley and Gemma Murray**

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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 with eight beds that provides care for residents living with dementia. The home is situated within a shared registered nursing home.

### 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>Total number of residents in the residential care home on the day of this inspection:</b> 8

### 4.0 Inspection summary

An unannounced care inspection took place on 9 April 2019 from 10.20 to 14.00 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care 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 staff support with induction, training, supervision and appraisal and good working relationships. Good practices were also found in relation to care records, adult safeguarding, infection prevention and control, and the home's environment.

No areas requiring improvement were identified during this inspection.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents and staff during the inspection, are included in the main body of this report.

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

### 4.1 Inspection outcome

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

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

## 4.2 Action/enforcement taken following the most recent inspection dated 14 June 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 14 June 2018.

No further actions were required to be taken following the most recent inspection on 14 June 2018.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, such as accident and incident notifications.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned in time for inclusion to this report.

During the inspection a sample of records was examined which included:

- staff duty rota
- staff training schedule and training records
- two staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident / incident records.
- a sample of reports of visits by the registered provider/monthly monitoring reports
- RQIA registration certificate

The one area of improvement identified at the last care inspection was 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 the most recent inspection dated 14 June 2018

The most recent inspection of the home was an unannounced medicines management inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 16 April 2018

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) (a) <b>Stated:</b> First time	The registered person shall submit an action plan with timescales to the home's aligned estates inspector detailing how the two recommendations in the fire safety risk assessment, dated 5 February 2018 will be dealt with.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This action plan was submitted to the aligned estates inspector.	

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. It was also advised that temporary/agency staff were not used in the home. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. General observations of care practices during this inspection found there to be sufficient staff to meet residents' needs.

An inspection of a sample of two completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were inspected during the inspection.

Discussion with the registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. A sample of a competency and capability assessments was inspected and found to be satisfactory.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. The registered manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. A sample of two staff recruitment records was undertaken and these were maintained satisfactorily.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The home's adult safeguarding policy was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. Staff advised that they felt no difficulties in reporting concerns to management and that any such concerns would be dealt with appropriately. Staff also advised that they felt management was very approachable and supportive. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. An inspection of care records identified that residents' care needs and risk assessments were obtained from the Trust prior to admission. The registered manager also carries out a pre-admission assessment on any potential resident to the home. This is to determine whether the home can meet the assessed needs of the resident.

The registered manager advised there were restrictive practices within the home, notably the use of keypad entry systems and pressure alarm mats. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the Statement of Purpose and Residents 'Guide.

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the Trust and RQIA with appropriate records retained.

The registered manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the Trust falls team in line with best practice guidance.

The home was clean and tidy with a good standard of décor and furnishings being maintained. Improvements had been made with residents' bedrooms in that they were individualised with photographs, memorabilia and personal items. The communal area was comfortable, bright and nicely layout to meet residents' needs.

The home was fresh- smelling and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. An issue of safety was identified with the base of a parasol in the garden which was attended to immediately. There were no other obvious hazards to the health and safety of residents, visitors or staff.

The catering facility was tidy and well organised.

It was established that no residents smoked.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment and the four recommendations made as a result of this assessment had corresponding evidence of actions taken.

Inspection of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records inspected confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

### Areas for improvement

No areas of improvement were identified within this domain during this inspection.

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

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

An inspection three residents' care records was undertaken. This sample confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments, for example nutrition, falls and restrictive practices were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example this was reflective with a particular resident who choose rise later and care was facilitated accordingly.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dinner time meal was appetising and nicely presented.



The dining room and tables were appropriately facilitated with condiments and a suitable ambience for residents to enjoy their meal. Snacks and beverages were also readily available. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. No residents in the home at the time of this inspection were reported to being in receipt of this area of care.

Observation of practice evidenced that staff were able to communicate effectively with residents. Staff interactions with residents were found to be polite, friendly, warm and supportive.

Staff advised that that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by the responsible individual reports and the latest RQIA inspection reports were available for interested persons to read.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, reviews and communication between residents, staff and other interested parties.

### Areas for improvement

No areas of improvement were identified within this domain during this inspection.

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

#### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected. For example staff spoke politely with residents and gave reassurance and support with needs pertaining to confusion.

Discussion with staff confirmed that residents' spiritual and cultural needs. For example visiting clergy members visit the home on a regular basis.

Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was evidenced by the inspection of care records, for example, care progress records that had a statement of need, such a pain had a corresponding statement of care/treatment given with effect of same.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment, such as the menus and the activity programme.

Discussion with residents and staff and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. For example residents' personal care needs were attended to sensitively and discreetly.

Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care.

Discussion with staff, residents, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were also in place for residents to maintain links with their friends, families and wider community.

Discussions with all the residents in the home at the time of this inspection was all positive. In accordance with their capabilities all confirmed/indicated that they were very happy with their life in the home, their relationship with staff, the provision of meals and the provision of activities. Some of the comments made included statements such as;

- "This is a lovely place".
- "I am very happy here".
- "Everyone is very good to me".
- "No complaints".

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

## Areas for improvement

No areas of improvement were identified within this domain during this inspection.

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

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

A range of policies and procedures was in place to guide and inform staff.

The home's complaints policy and procedure was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with the registered manager confirmed that she was knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

The complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. There was reported to be no recent expressions of dissatisfaction or complaint received since March 2018.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

The home's accident, incident and notifiable events policy and procedure included reporting arrangements to RQIA. An inspection of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was inspected as part of the inspection process. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

The registered manager advised that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Plans were in place to put additional training in dementia, which was additional to their e-learning training.

Discussion with the registered manager inspection identified that she had good understanding of her role and responsibilities under the legislation.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. An inspection of the last two months monitoring visits were inspected and found to be maintained satisfactorily.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this and would feel no hesitation in reporting concerns to management. Discussion with staff also confirmed that there were good working relationships within the home and that management were responsive to suggestions raised. Some of the comments made by staff included statements such as;

- “The care here is very good and we all well supported”.
- “There have been good improvements here, particularly with the increase in staffing levels”.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

### Areas for improvement

No areas of improvement were identified within this domain during this inspection.

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

## 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.



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