



Unannounced Care Inspection Report 9 October 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

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 registered residential care home which provides care for up to 8 residents living with dementia. The home shares the same building with a registered nursing home.

3.0 Service details

Organisation/Registered Provider: Brooklands Healthcare Ltd Responsible Individual(s): Therese Elizabeth Conway	Registered Manager and date registered: Deirdre Mary Monaghan 11/06/2018
Person in charge at the time of inspection: Louise Glendinning, team leader	Number of registered places: 8
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 8

4.0 Inspection summary

This unannounced inspection took place on 9 October 2019 from 11.00 to 14.00 hours.

The inspection 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 the nice atmosphere in the home, with residents being content and comfortable and clearly benefitting from staff consistency and knowledge and understanding of needs. Good practice was also found in relation to the maintenance of care records.

One area requiring improvement was identified in relation to repair of an identified door.

Residents described living in the home as being a good experience/in positive terms.

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 residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Louise Glendinning, team leader and Julie Cruz, nursing sister, 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.

4.2 Action/enforcement taken following the most recent inspection dated 9 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 9 April 2019.

No further actions were required to be taken following the most recent inspection on 9 April 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspections, registration information, and any other written or verbal information received, for example notification reports.

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

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

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

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 last care inspection dated 9 April 2019

There were no areas for improvements made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

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

Residents advised that they felt safe in the home and well cared for. Staff had also good knowledge and understanding of residents' need and prescribed care interventions.

Staffing

Staff advised that staffing levels were in keeping with resident dependencies and the size and layout of the home. The staffing levels over the 24 hour period were discussed. Discussions with residents and staff confirmed that they felt there was adequate staffing in place to meet residents' needs. However staff did advised that they found that there were times and expectations to cover the adjacent registered nursing home, when they were short staffed, thus diluting of staffing levels in the residential home. This was raised this with the nursing sister who gave assurances that this would not happen and only in emergency situations.

A competency and capability assessment is completed for any member of staff with the responsibility of being in charge in the absence of the registered manager.

The staff advised that when they came on duty, time was allocated to allow for a handover of information which included how residents were and any changes or issues arising. Staff discussed and agreed their duties for the provision of care which included assisting and supervising residents with their personal care in accordance with their individualised care plan, medicine administrations and scheduled activities planned for the day.

Inspection of the duty rota found it accurately reflected the staff working within the home.

Staff training

An inspection of staff training records confirmed that a programme of mandatory training was in place. Additional training was provided to support staff in their roles and duties.

Supervision and appraisal

A schedule in place which confirmed that staff supervision was provided on a regular and up-to-date basis. Annual appraisals for staff were also in place.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. This was being audited on a monthly basis.

Safeguarding

Staff training in adult safeguarding was included within mandatory training records. Discussions with staff confirmed that they were able to correctly describe what action they would take if they suspected or witnessed any form of abuse. They also advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with such appropriately. A list of contact numbers was displayed to support staff in this regard.

Environment

The home was clean and tidy with a high standard of décor and furnishings being maintained. The seating was comfortable and positioned in such a manner to facilitate sociability and comfort. Residents' bedrooms were nicely furnished and personalised. Bathrooms and toilets were clean and hygienic.

The grounds of the home were well maintained.

Fire safety

Inspection of staff training records confirmed that staff were in receipt of up-to-date training in fire safety and fire safety drills. The last fire safety drill was on 8 August 2019.

An inspection of fire safety records confirmed that fire safety checks were maintained on a regular and up-to-date basis.

An area of improvement was identified in accordance with regulation with a door to the communal lounge that was not closing properly. This needs to be made good, particularly in relation to fire safety.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision, appraisal and the home's environment.

Areas for improvement

There was one area of improvement in relation to this domain, with regard to the repair to the communal lounge door.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

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

Discussions with the team leader confirmed that she had good knowledge and understanding of residents' needs and prescribed care interventions. Staff also advised that there was good communication and teamwork between staff members for the benefit of residents.

Care records

An inspection of a sample of two residents' care records was undertaken. These care records were methodical and detailed in the information recorded. Records were maintained in line with the regulations and standards. Records included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment and risk assessments, such as, safe moving and handling, nutrition, falls, were reviewed and updated on a regular basis or as changes occurred.

Progress records were very well written and included statements of care/treatment given in response to issues of assessed need.

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.

Records inspected had evidence of resident/representative consultation in the care planning and review process, by signatures of participation.

Effectiveness of care

Throughout this inspection there were examples of good delivery and effectiveness of care observed. Care practices such as safe moving and handling and infection prevention and control were found to be maintained in line with good practice.

Staff took time to interact with residents and consent was requested when seeking to undertake tasks with personal care or with assistance with mobility.

Residents were dressed well in matching clean attire. Glasses and walking aids were clean and appeared in good working order.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintenance of care records and general observations of care practices.

Areas for improvement

There were no areas of improvement identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

Staff interactions with residents were found to be friendly, polite and supportive. A nice ambience was in place with residents being comfortable and at ease in their environment and interactions with staff.

Residents' Views

Discussions were undertaken with all the residents in the home at the time of this inspection. In accordance with their capabilities, residents confirmed that they were happy with the provision of care, the kindness and support received from staff and the provision of meals. Some of the comments included statements such as;

- "It's very good staff "
- "I like it very much. The staff are lovely".

Dining experience

The dining room was suitably facilitated with tables nicely set with choice of condiments. The choice of lunchtime meal was appetising, wholesome and nutritional. Staff attended to residents' needs in a caring unhurried manner. A nice ambience was in place for residents to enjoy their meal. Feedback from residents throughout this inspection on the provision of meals was all positive.

Care practices

Residents were observed to be comfortable, content and at ease in their environment and interactions with staff. Care duties and tasks were organised in an unhurried manner, and staff interactions were polite and friendly.

Areas of good practice

There were examples of good practice in respect of this domain found throughout this inspection in relation to feedback from residents and general observations of care practices.

Areas for improvement

There were no areas of improvement identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 manager was on a training event at the time of this inspection. The team leader was in charge of the residential home and a nursing sister was in charge of the adjacent registered nursing home.

Monitoring visits

The last two months' (27 August 2019 and 27 September 2019) monitoring reports were inspected. These were recorded in good detail with an action plan put in place for any issues identified. Corresponding evidence was recorded on any agreed actions taken.

Complaints

Discussions with the staff confirmed that expressions of complaint or dissatisfaction are taken seriously and managed appropriately. The record of complaint contained details of the complaints, action taken, resolution and confirmation on whether the complainant was satisfied with the outcome.

Accidents and Incidents

An inspection of accidents and incidents reports for the last three months confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Staff views

Staff advised that they would feel comfortable about raising any concerns and they felt that any such would be dealt with appropriately by management. Staff confirmed that there were good morale and working relationships within the home. Staff also advised that they felt a good standard of care was provided for and discussions revealed that they were positive and enthusiastic about their roles and duties.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements and feedback from staff.

Areas for improvement

There were no areas of improvement identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Louise Glendinning team leader and Julie Cruz, nursing sister, 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 care 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.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27(4)(d)(1)</p> <p>Stated: First time</p> <p>To be completed by: 19 October 2019</p>	<p>The registered person shall repair the door to the communal lounge so it closes properly.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The lounge door has been repaired and is now closing properly.</p>



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