



Unannounced Care Inspection Report 6 February 2019



Brooklands Healthcare Magherafelt

Type of Service: Nursing Home (NH)
Address: 66 Hospital Road, Magherafelt, BT45 5EG
Tel No: 0287963 4490
Inspector: Linda Parkes

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 47 persons.

3.0 Service details

Organisation/Registered Provider: Brooklands Healthcare Ltd Responsible Individual(s): Therese Elizabeth Conway	Registered Manager: Deirdre Mary Monaghan
Person in charge at the time of inspection: Deirdre Mary Monaghan	Date manager registered: 30 September 2015
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 47 There shall be a maximum of 1 named resident receiving residential care in category RC-MP(E) and 1 named resident receiving residential care in category RC-PH(E).

4.0 Inspection summary

An unannounced inspection took place on 6 February 2019 from 10.25 to 15.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified since the last care inspection and 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 provision and training, adult safeguarding, care planning, and communication between patients, staff and other professionals. Good practice was also identified in relation to the culture and ethos of the home, dignity and privacy, governance arrangements and maintaining good working relationships.

No new areas requiring improvement were identified during this inspection.

Patients spoken with during the inspection stated they were content and comfortable in their surroundings. Patients spoke positively regarding their experience of living in the home during the inspection. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

4.2 Action/enforcement taken following the most recent inspection dated 9 August 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 9 August 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with nine patients, small groups of patients in the lounges, five patients' relatives and seven staff. Questionnaires were also left in the home for patients and patients' representatives 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 'Have we missed you cards' which were then placed in a prominent position to allow patients 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.

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

The following records were examined during the inspection:

- duty rota for all staff from 25 January to 7 February 2019
- incident and accident records
- three patient care records
- four patient care charts including food and fluid intake charts and daily care charts
- a sample of governance audits
- compliments received

- RQIA registration certificate
- a sample of monthly quality monitoring reports from 10 October 2018 to 31 January 2019 undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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 the most recent inspection dated 9 August 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 9 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 48 Stated: First time	The registered person shall ensure the fire safety policy and procedure is reviewed and updated to include guidelines for staff on the use of oxygen in patients' bedrooms.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and observation of the updated fire safety policy and procedure to include guidelines for staff on the use of oxygen in patients' bedrooms confirmed that this area for improvement has been met.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 25 January to 7 February 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey; we have no responses within the time scale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Brooklands Healthcare Magherafelt. We also sought the opinion of patients on staffing via questionnaires. Two patient questionnaires were returned. Both patients indicated they were very satisfied that there is enough staff to help.

We also sought relatives' opinion on staffing via questionnaires. Three questionnaires were returned and all three relatives indicated that they were very satisfied that staff had 'enough time to care.'

Four additional questionnaires were returned. They did not indicate if they were completed by a patient or their representative. All four questionnaires indicated that they were very satisfied across the four domains of safe, effective, compassionate and well led care.

We discussed the provision of mandatory training and e-learning with staff and staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The registered manager is identified as the safeguarding champion.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 19 December 2018 to 7 January 2019 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment. It was noted that an identified bathroom sink required the grout to be renewed. This was brought to the attention of the registered manager who advised she would ask the maintenance man on site to address. On inspection, it was observed in one toilet area that a patient's under garment had been left on the shelf. This was brought to the attention of the staff nurse who removed it immediately. A large stain was noted on the first floor carpet and the registered manager advised that this been approved for replacement.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Systems were in place to monitor the incidents of HCAI's and the manager understood the role of PHA in the management of infectious outbreaks.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, adult safeguarding, infection prevention and control, risk management, care planning and evaluation, the patient dining experience, effective communication and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of patients requiring oxygen therapy, nutrition, daily care and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The registered manager advised that patient, relatives and staff meetings were held on a quarterly basis. Minutes were available.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning and evaluation, record keeping, reviews, communication between residents, staff and other professionals and effective team work.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

We arrived in the home at 10.25 hours and were greeted by staff who were helpful and attentive. Staff were responding to patient’s needs and requests promptly and cheerfully. Patients were observed in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with the patient activity leader, patients and staff and review of the activity programme displayed in each unit evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. In the morning of the inspection patients were observed chatting to the hairdresser while they were having their hair done in the salon. After lunch patients were observed singing and enjoying armchair aerobics in the lounge on the first floor.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal on the ground floor. Patients were assisted to the dining room or had trays delivered to them as required. The food offered appeared nutritious and well presented. Staff were observed chatting to patients while assisting them with their meal and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal.

Four patients said;

"The chicken is nice. I'm looking forward to apple pie for dessert."

"My plate's clean. The food is always lovely."

"My plate's clean too. The food's great."

"The food's plentiful and good."

Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The registered manager advised that the home is working on a project entitled 'Good nutrition for residents at risk of weight loss' with local trust dieticians and that a daily fortified milkshake round has been introduced within the home for patients at risk of weight loss.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Many thanks for your great care and kindness to my mum during her period of respite."

"I would like to thank all at Brooklands. The care and kindness shown to her was unbelievable."

"I compliment the staff on taking time to keep me updated. I feel reassured and impressed with the care."

All patients spoken with commented positively regarding the care they receive and the caring and kind attitude of staff at Brooklands Healthcare Magherafelt. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Four patients said;

“I’m looked after well and the staff are lovely.”

“The staff are very good. They keep me comfortable.”

“We’re definitely well looked after.”

“The home’s clean and the staff are friendly.”

Three relatives said;

“I’m very pleased with the home and I have no concerns.”

“It’s always the same when we visit. Very peaceful.”

“I’m very happy with the care my wife is receiving.”

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, and the patient dining experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The service collected equality data on service users and the registered manager was advised of the role of the Equality Commission for Northern Ireland and the availability of guidance on best practice in relation to collecting the data.

Discussion with the registered manager and review of records from 10 October 2018 to 31 January 2019 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and nursing sister and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Two staff members said;

“The manager is fair and approachable. I would have no problem going to her if I had a concern.”

“We are lucky to have a good team here.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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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