

Inspection Report

10 February 2022



Brooklands Healthcare Magherafelt

Type of service: Nursing Home
Address: Nursing Unit 66 Hospital Road, Magherafelt, BT45 5EG
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: Brooklands Healthcare Ltd</p> <p>Responsible Individual Ms Therese Elizabeth Conway</p>	<p>Registered Manager: Mrs Deirdre Mary Monaghan</p> <p>Date registered: 30 September 2014</p>
<p>Person in charge at the time of inspection: Nurse in charge: Frances Kevin 7.15 pm – 8.00 pm Benji Dayag 8.00 pm – 10.15 pm</p>	<p>Number of registered places: 47</p> <p>There shall be a maximum of 1 named resident receiving residential care in category RC-PH(E).</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 40</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This home is a registered Nursing Home which provides nursing care for up to 47 patients. The home is divided over two floors with bedrooms on both floors and communal lounges and dining rooms.</p> <p>There is a separate Residential Care Home which occupies part of the ground floor of the Nursing Home and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 10 February 2022, from 7.15 pm to 10.30 pm by a care inspector.

RQIA received information from the Public Health Agency on 8 February 2022 which raised concerns in relation to staffing in the home and induction for new staff to the home. In response to this information RQIA decided to undertake an inspection which focused on the concerns raised.

The following areas were examined during the inspection:

- Staffing
- environment
- infection prevention and control
- care delivery and record keeping.

Patients spoke positively about their experiences of living in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Brooklands Healthcare Magherafelt was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the Management Team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire. The daily life within the home was observed and how staff went about their work.

The findings of the inspection were discussed with the nurse in charge at the conclusion of the inspection.

4.0 What people told us about the service

Four patients were spoke with and said their rooms were kept clean and tidy and they were being looked after well. Patients were settled in their rooms and drinks and buzzers were available to them.

Five staff said that it had been very busy and staff were working extra hours to cover shifts where required. Care was prioritised and patients were receiving personal care and assisted with meals and fluids. The management team were assisting with staffing cover and were keeping staff updated regularly.

No completed patient or relatives feedback questionnaires were received following the inspection.

Two completed online staff questionnaires were received following the inspection and confirmed that staff were either satisfied or very satisfied that care was safe, effective, compassionate and well led.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 15 June 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (a) Stated: First time	The Responsible Individual shall have in place a current risk written assessment and fire management plan and addresses all recommendations in the fire risk assessment within the recommended timeframes.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The Responsible Individual will make suitable arrangement to minimise the risk of infection by ensuring equipment including zimmer frames, a housekeeping trolley, a jug, inflatable basin and boxes of gloves are not stored in bathrooms.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 38 Stated: First time	The Responsible Individual shall ensure staff are recruited and employed in accordance with relevant statutory employment legislation.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 4.9 Stated: First time	The Responsible Individual shall ensure contemporaneous nursing records are kept of all nursing intervention carried out in relation to each resident. This is in relation to the completion of repositioning charts.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staffing levels were observed to be maintained at a level which met the dependency needs of patients on the evening of the inspection. Skill mix was adjusted by the nurse in charge based on their assessment of patient care requirements. Staff were working together to ensure domestic cleaning was completed and laundry was being completed as needed.

Staff confirmed they had received an induction to their role and it was evident on the rota when staff were completing their induction in the home.

The nurse in charge told us that the number of staff on duty was regularly reviewed and care was prioritised to meet patients care needs.

The duty rota confirmed that staffing had been difficult to maintain due to staff isolation requirements during COVID-19 however, there was evidence that all options to meet required staffing levels on a regular basis were being explored. Management kept in regular contact with the Public Health Agency, local Trust and RQIA to update on any staffing issues and actions taken to resolve this.

Staff said there was good team work and they covered shifts as much as they could but it has been “a struggle recently”. Staff said the management team supported them in their role and there were good levels of communication between staff and management about staffing levels and rota cover.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; For example, call bells were answered promptly in a caring and compassionate manner when patients needed assistance.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients’ needs and communicating with patients; they were respectful, understanding and sensitive to patients’ needs. Staff chatted to patients in a friendly and kind manner when providing care.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. A comprehensive and informative update was provided on each patient by the nurse in charge when handing over care to the night staff. Staff were knowledgeable of individual patients’ needs, their daily routine wishes and preferences.

It was observed that staff respected patients’ privacy by their actions such as knocking on doors before entering, discussing patients’ care in a confidential manner, and by offering personal care to patients discreetly.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients’ needs and recorded all changes of position as required by individual patients.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example it was noted that buzzer mats were used when appropriate.

A clear and accurate record was kept of the prescribed application of topical creams with detailed records of times these were applied for each patient who required this.

Staff told us how they were made aware of patients’ nutritional needs and confirmed that patients care records were important to ensure patients received the right diet.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home’s environment evidenced that the home was generally clean, tidy and well maintained. There was evidence that corridors, communal areas, bathroom and patients bedrooms were kept clean.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Patients could choose where to sit or where to spend time throughout the day.

Patients said they were satisfied with the upkeep and cleanliness of environment and that staff kept their rooms clean. Staff said they assisted domestic staff where possible in keeping the home clean.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstacles.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA) and contingency plans were put into action when required.

Observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance and advice was followed in the event of an outbreak of COVID-19.

5.2.4 Quality of Life for Patients

Patients had had supper and were either in bed or preparing to go to bed. Staff were observed assisting patients to bed and to settle for the night. Attention was paid to personal care and patient comfort.

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Patients, where appropriate, were supported by a care partner arrangement. This provided an opportunity for support and interaction with family and/or friends.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Deirdre Mary Monaghan has been the manager in this home since 30 September 2014.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

Staff said the manager works tirelessly to make sure the patients get the very best care” and “the staff team are kept informed of any changes in the home.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	1*	1*

* The total number of areas for improvement includes two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Benji Dayag, Nurse in Charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: 30 June 2021	The Responsible Individual shall have in place a current risk written assessment and fire management plan and addresses all recommendations in the fire risk assessment within the recommended timeframes. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 38 Stated: First time To be completed by: Immediately from the date of inspection	The Responsible Individual shall ensure staff are recruited and employed in accordance with relevant statutory employment legislation. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1

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