The Regulation and Quality Improvement Authority

Inspection Report

15 June 2021

Brooklands Healthcare Magherafelt

Type of Service: Nursing Home
Address: Nursing Unit, 66 Hospital Road
Magherafelt, BT45 5EG
Tel no: 028 7963 4490

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Brooklands Healthcare LTD **Responsible Individual:** Ms Therese Elizabeth Conway	**Registered Manager:** Mrs Deirdre Mary Monaghan **Date registered:** 30 September 2014
Person in charge at the time of inspection: Mrs Deirdre Mary Monaghan	**Number of registered places:** 47
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 patients accommodated in the nursing home on the day of this inspection:** 40
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 47 persons. There is also a registered Residential Care Home under the same roof Patient bedrooms are located over the two floors. Patients have access to communal lounges, dining rooms and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 15 June 2021, from 9.00 am to 4.00 pm by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas requiring improvement were identified about recruitment processes, fire risk and infection prevention and control (IPC).

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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

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

The findings of this report will provide the manager 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 patients and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the 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.

At the end of the inspection the registered manager was provided with details of the findings.

4.0 What people told us about the service

Three staff and 14 patients were spoken with who were positive about the care in the home and said they felt safe. We received three patient questionnaires stating they were very satisfied that care was safe, effective, compassionate and well led; we received one on-line questionnaire stating they were dissatisfied that care was effective, compassionate and well led. This was discussed with the manager, following the inspection, for follow up and review.

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 24 March 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 39 **Stated:** Second time	The registered person shall ensure that mandatory training requirements are met.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Regulation 20 (1) (a) **Stated:** First time	The registered person shall ensure safe moving and handling training is embedded into practice.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 **Ref**: Regulation 13 (7) **Stated:** First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the deficits highlighted in 6.2.4.	**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 43	The registered person shall ensure that all patients have effective access to the nurse call system or nurse supervision as required.	**Met**

Stated: First time	**Action taken as confirmed during the inspection**: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref**: Standard 11 **Stated:** First time	The registered person shall ensure the programme of activities is developed with the patients and reviewed at least twice yearly to ensure it meets patients changing needs. Arrangements for the provision of activities should be in place in the absence of the activity co-ordinator. A contemporaneous record of activities delivered must be retained. Activities must be integral part of the care process and care planned for with daily progress notes reflecting activity provision.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 **Ref**: Standard 4.9 **Stated:** First time	The registered person shall ensure monthly care plan review and daily evaluation records are meaningful and patient centred.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 **Ref**: Standard 4.1 **Stated:** First time	The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 5 **Ref:** Standard 46.2 **Stated:** First time	The registered person shall ensure a more robust system is in place to ensure compliance with best practice on infection prevention and control.	**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 How does this service ensure that staffing is safe?

All staff were provided with a comprehensive induction programme to prepare them for working with the patients, this also included agency or temporary staff. There was a system in place to ensure staff were recruited correctly, however this had not been fully completed for all staff. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC) and fire awareness; and regular staff meetings were held.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected all of 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. Staff told us that there was enough staff on duty both day and night to meet the needs of the patients.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff did not respond to the patient call system on one occasion promptly however, the manager addressed this with staff immediately.

Patients said staff were always available and they had confidence in staffs ability to provide good care; staff knew them well and knew how best to help them.

Assurance was provided that staffing was safe and both staff and patients were content with the staffing levels in the home; however improvement in recruitment practices would ensure this was carried out safely.

5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager was identified as the appointed safeguarding champion for the home.

Review of staff training records confirmed that all staff were required to completed adult safeguarding training on a regular basis. Staff told us they were confident about reporting concerns about patients' safety or poor practice.

It was noted that patients and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home. There was clear information displayed in the home to advice patients and visitors on how to make a complaint.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. Review of patient records confirmed that the correct procedures were followed if restrictive equipment was required.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were knowledgeable in communicating with patients; they were respectful, understanding and sensitive to their needs. Staff took time to understand patients, choices in snacks and drinks served throughout the day.

Patients said they felt safe in the home and had no concerns about their care. They said that staff were attentive and always around to meet their needs.

Assurance was given that the home was keeping patients safe from harm and that the manager and staff were available to keep patients safe.

5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. There was evidence that the environment was well maintained, re-decoration was taking place and the outside area of the home was well maintained with flowers and a seated area.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, clean, tidy and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

There were lovely homely touches around the home including snacks and drinks available and the patients in the lounge were planning what they wanted to watch on the TV or chatting about their families.

Patients said they felt safe in the home and were happy with the care staff provided and the assistance given with their daily needs.

Corridors were free from obstacle and fire exits had no obstruction. Actions required following the most recent fire risk assessment had not been completed. This was discussed with the RQIA estates inspector for follow up and an area for improvement was identified.

Overall the homes environment was well maintained for patients comfort however, addressing the actions required for fire safety in a timely manner would provide assurance the environment was safe.

5.2.4 How does this service manage the risk of infection?

The manager told us 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). The most recent Department of Health (DOH) guidelines were in place for visiting arrangements in the home.

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Review of records, 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. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Observation identified that equipment including zimmer frames, a housekeeping trolley, a jug, inflatable basin and open box of gloves were stored in bathrooms. An area for improvement was identified.

Patients said they loved their rooms and that the home was kept clean. Patients enjoyed each other's company in communal rooms which were homely and tidy.

We were assured that the home was clean and tidy however, addressing the IPC issues identified for improvement would ensure the management of the risk of infection on a daily basis.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time?

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. 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 and asking for permission to enter, discussing patients' care in a confidential manner, and by providing privacy when offering personal care to patients.

Patients who were less able to mobilise required special attention to their skin care. Patients who required this care or who had wounds or pressure ulcers had this clearly record in their care records. There was evidence that nursing staff had consulted with the Tissue Viability Specialist Nurse (TVN) and were following any recommendations they had made. Repositioning charts however showed that repositioning of patients by staff was not always recorded as having been carried out regularly. This was discussed with the manager who agreed to address this with staff and an area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, bed rails and buzzer mats were risk assessed and a put in place and the appropriate care plan was completed and up to date.

There was a system in place to ensure accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients required a range of support with meals; this could include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

The meal provided was not the meal on the current menu. This was discussed with the chef who advised this had been changed and a number of other meal choices had been changed. This was discussed with the manager for review and follow up.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure the correct modified food and fluids provided.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Meals were a pleasant and unhurried experience for the patients.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients said they enjoyed their breakfast and lunch. They said it was warm and tasted lovely.

We were assured that addressing the change in menu and patient involvement in this change would ensure arrangements were in place for patients to receive the right care at the right time.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

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

We were assured that systems were in place to ensure care records reflected the changing needs of patients in the home.

5.2.7 How does the service support patients to have meaning and purpose to their day?

It was observed that throughout the day staff offered choices to patients which included preferences for what snacks and drinks they preferred, when they wanted to retire to their rooms and how they wished to spend their day.

Participation in regular patient meetings was encouraged which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities, menu choices, laundry, staffing and personal care.

Patients were completing art work and waiting for the live football to come on while chatting about their favourite footballers. As seen in the minutes of the residents meetings, patients had been consulted to plan their activity programme.

Staff were aware of the importance of good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to call their family by phone. Visiting and care partner arrangements were provided with encouraging benefits to patients.

Patients were happy completing their daily routines and said they enjoyed completing the word search and painting.

Patients were provided with choice in their daily routine which provided meaning and purpose to how they spent their day.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

There has been no change in the management of the home since the last inspection. Deirdre Mary Monaghan has been the manager in this home since 30 September 2014. Staff had a good knowledge of who was in charge of the home, their own role in the home and how to raise any concerns about patients, care practices or the environment.

It was evident in the records that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. Regular auditing of nutrition, care records, accidents and incidents, IPC and restrictive practices was completed by the manager or a member of the staff team.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. No complaints had been received in the home since the last inspection.

Patients and their relatives said that they knew who to approach if they had a complaint and information on how to make a complaint was evident throughout the home.

Staff commented that the manager was supportive and approachable. Staff said the manager was available if they needed advice or support.

A record of compliments received regarding the care in the home was kept and shared with the staff team. There were lovely comments about the care the staff had given to patients and how they had supported patients throughout the COVID-19 pandemic.

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

Confirmation of regular visits by the representative of the responsible individual was provided in the form a monthly report on the quality of services and care provided by the home. Any concerns or actions were noted within the report with action completion dates recorded. These reports were available on request.

It was evident that the home was well led and that care was safe, effective and compassionate. Addressing the areas for improvement identified will ensure the overall quality of care and the lived experience of the patients is improved.

6.0 Conclusion

Patients, staff and visitors were positive in their comments about the care provided in the home. Patients enjoyed the activities provided and were relaxed and content with how they spent their day.

As a result of the inspection four areas for improvement were identified.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the manager acknowledged the need to address the areas for improvement.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were 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	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Deirdre Monaghan, registered manager, 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. Ref: 5.2.3
	Response by registered person detailing the actions taken: The current risk assessment and fire management plan has been updated to reflect the recommendations in the fire risk assessment within the timeframes stated. This written fire risk assessment will be reviewed and updated as progress is made on the recommendations from the risk assessment. Identified recommendations are at present being completed with the installation of an updated fire safety system within the building.

Area for improvement 2 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** Immediately from the date of inspection	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. Ref: 5.2.4
	Response by registered person detailing the actions taken: IPC guidelines are being followed ensuring bathrooms are free from equipment and other inappropriate items. These areas are monitored by housekeeping staff and issues raised to the manager or nurse in charge at the time for required action.
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. Ref: 5.2.1
	Response by registered person detailing the actions taken: Staff are being recruited and employed in accordance with relevent statutory employment legislation. The Home will continue to ensure records are maintained as per employment legislation. This is also monitored on a monthly basis by the Regional Manager on completion of the Reg 29 visit
Area for improvement 2 **Ref:** Standard 4.9 **Stated:** First time **To be completed by:** Immediately from the date of inspection	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. Ref: 5.2.5
	Response by registered person detailing the actions taken: Repositioning charts are monitored throughout the day by the nurse in charge to ensure residents are repostioned as per their agreed individual care plan requirements. This is monitored via a monthly audit and action taken if required..

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