



The Regulation and  
Quality Improvement  
Authority

Brooklands Nursing Home  
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66 Hospital Rd  
Magherafelt  
BT45 5EG

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**Announced Estates Inspection  
of  
Brooklands Nursing Home**

**19 May 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced estates inspection took place on 19 May 2015 from 09.50 to 13.21. On the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are listed in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes 2015.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP no further actions were required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

There was no Enforcement action resulting from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	0

The details of the QIP within this report were discussed with Ms Deirdre Monaghan (Manager) and Mr Oliver Monaghan (Maintenance Works Supervisor) during the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Brooklands Healthcare Ltd	<b>Registered Manager:</b> Mrs Deirdre Mary Monaghan
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Deirdre Mary Monaghan	<b>Date Manager Registered:</b> 30 September 2014
<b>Categories of Care:</b> NH-LD, RC-DE, NH-I, NH-PH, NH-PH(E), RC-I, RC-MP(E), RC-PH(E), NH-TI	<b>Number of Registered Places:</b> 56
<b>Number of Patients Accommodated on Day of Inspection:</b> 53	<b>Weekly Tariff at Time of Inspection:</b> £437-637

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

### Standard 44: Premises

### Standard 47: Safe and Healthy working Practices

### Standard 48: Fire safety

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: incidents register, previous estates inspection report and previous RQIA inspection report.

During the inspection the inspector met with Mrs Deirdre Monaghan and Mr Oliver Monaghan; there were no other discussions held with staff, patients or visitors.

The following documents were reviewed during the inspection:

- Fire safety risk assessment plus records relating to the maintenance and inspection of the fire safety equipment;
- Legionella risk assessment plus records relating to the maintenance and inspection of the water storage and distribution services;
- Records relating to the maintenance and inspection of the building engineering services;
- Records relating to Lifting Operations and Lifting Equipment maintenance/inspection control measures;
- Records relating to general health and safety control measures/inspections.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 11 November 2014. The completed QIP was returned and approved by the specialist inspector on 11 December 2014.

### 5.2 Review of Requirements and Recommendations from the last Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27.(4)(a)	Complete a review of the fire risk assessment and implement any subsequent recommendations.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Fire risk assessment completed and recommended corrective actions are prioritised for implementation.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 32.1	Complete redecoration repairs to damaged/deteriorated surfaces.	<b>Met</b>
	Redecoration works have been implemented.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 35.1	Verify that legionella risk assessment control measures are implemented in compliance with Health and Safety Executive approved Code of Practice L8 Legionnaires disease	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Legionella risk assessment completed in October 2014, recommended control measures implemented.	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 36.2	Liaise with a fire safety consultant and consider the installation of "free-swing" self-closing devices on bedroom doors in compliance with Northern Ireland Firecode Health Technical Memorandum 84 "Fire risk assessment in residential care premises."	<b>Partially Met</b>
	Service provider is currently considering installation options and intends to commence a phased works project.	

### 5.3 Standard 44: Premises

#### Is Care Safe? (Quality of Life)

A range of documents relating to the maintenance of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports plus risk assessments for various elements of the engineering services. This supports the delivery of safe care.

#### Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services are provided in the premises. This supports the delivery of effective care.

#### Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

#### Areas for Improvement

Not applicable.

Number of Requirements	0	Number Recommendations:	0
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### 5.4 Standard 47: Safe and Healthy Working Practices

#### Is Care Safe? (Quality of Life)

A range of documents relating to the safe operation of the premises, installations and engineering services were presented for review during this Estates inspection. This supports the delivery of safe care.

[An issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.]

#### Is Care Effective? (Quality of Management)

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

[An issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.]

#### Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

[An issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.]

### Areas for Improvement

The facility manager states that the BS7671 Periodic Inspection Report for the electrical installation was completed on 14 May 2015; however the subsequent report had not yet been issued by the inspecting engineer.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.5 Standard 48: Fire Safety

### Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises, this includes: a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

[An issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.]

### Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

[An issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.]

### Is Care Compassionate? (Quality of Care)

The standard used by the registered person to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

[An issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.]

### Areas for Improvement

A number of the previous fire risk assessment report recommendations have not been implemented, including the installation of self-closer devices on bedroom doors. A fire risk assessment was completed on 15 May 2015; the subsequent report had not yet been issued by the fire risk assessor.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.6 Additional Areas Examined

Not applicable.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Deirdre Monaghan and Mr Oliver Monaghan during the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Persons

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>			
<b>Statutory Requirements</b>			
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27.(4)(a)  <b>Stated:</b> First time  <b>To be Completed by:</b> 07 July 2015	Implement the fire risk assessment action plan recommendations, plan and prioritise a phased improvement works project to install self-closer devices on bedroom doors.		
	<b>Response by Registered Manager Detailing the Actions Taken;</b>  Action plan in place to address necessary improvement works with associated time-scales.		
<b>Requirement 2</b>  <b>Ref:</b> Regulation 14.(2)(a), (b),( c)  <b>Stated:</b> First time  <b>To be Completed by:</b> 07 July 2015	Submit a copy of a currently valid BS7671 Periodic Inspection Report for the electrical installation and ensure that the electrical installation is compliant with the Electricity at Work Regulations.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> Copy of Periodic Inspection Certificate attached to QIP.		
<b>Registered Manager Completing QIP</b>	Mrs Deirdre Monaghan	<b>Date Completed</b>	16/07/15
<b>Registered Person Approving QIP</b>	Ms Therese Conway	<b>Date Approved</b>	16/07/15
<b>RQIA Inspector Assessing Response</b>	Raymond Sayers	<b>Date Approved</b>	22/07/2015

*\*Please ensure the QIP is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**