

# Inspection Report

28 June 2024



## 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

<b>Organisation/Registered Provider:</b> Brooklands Healthcare Ltd	<b>Registered Manager:</b> Mrs Deirdre Mary Monaghan
<b>Responsible Individual:</b> Mr Jarlath Conway	<b>Date registered:</b> 30 September 2014
<b>Person in charge at the time of inspection:</b> Mrs Deirdre Mary Monaghan	<b>Number of registered places:</b> 47
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 47
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 47 patients. The home operates over two floors.  There is a Residential Care Home which also occupies the ground floor and the registered manager for this home manages both services.	

## 2.0 Inspection summary

This unannounced inspection took place on 28 June 2024, from 9.15am to 3.20pm. The inspection was conducted by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

All previous areas of improvement were met.

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.

Staff were seen to be kind and attentive to patients' needs and provided care in a compassionate manner.

Five areas requiring improvement were identified during this inspection. These were in relation to staff training in dysphagia, bed rail assessment(s), the environmental décor, the fire safety risk assessment and repair of two lounge doors.

RQIA will be assured that the delivery of care and service provided in Brooklands Healthcare Magherafelt will be safe, effective, compassionate and well led in addressing these areas for improvement.

### **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 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.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Deirdre Monaghan at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients said they were well cared for and happy with their life in the home and their relationship with staff. Two patients made the following comments; "They (the staff) look after us very well here. All is very good" and "Everything is fine here."

Staff spoke in positive terms about their roles and duties, saying that they felt the standard of care provided for was very good. Staff said there was good team working, training and managerial support. A number of staff raised issues about the staffing levels in the morning. These opinions were shared with the Manager who gave assurances that this issue was being addressed.

Three visiting relatives said that they were happy with the care provided and the kindness and support received from staff. One visiting relative mentioned the environment in that it lacked warmth and homeliness.

Feedback from four returned patient / representative and three staff questionnaires were all positive.

## 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 7 December 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> Second time	The responsible individual shall ensure the infection prevention and control issues identified during the inspection are addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Infection and prevention control protocols and practices were seen to be appropriately in place.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2) <b>Stated:</b> First time	The responsible individual shall ensure that all areas in the home to which patients have access are free from hazards to their safety.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> No identified hazards were found in the environment.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> Second time	The responsible individual shall ensure that all care records are accurate and all care plans required are in place.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records found these to be appropriately in place.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time	The responsible individual shall ensure the premises are well maintained and remain suitable for their stated purpose.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This has been met.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 44.3 <b>Stated:</b> First time	The responsible individual shall ensure the nursing home including all spaces is only used for the purpose it is registered.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This has been met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of a recently appointed staff member's recruitment records confirmed there was a robust system in place to ensure staff were recruited correctly to protect patients.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the Manager was not on duty. Any nurse who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

Staff registrations with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) were audited on a monthly basis. A review of these audits found these to be appropriately maintained.

Staff said there was good team work and that they felt well supported in their role, they were satisfied with communication between staff and management and they worked well as a team.

Some staff raised issues about the need for an additional care assistant in the morning shifts in the upstairs part of the home. The Manager gave assurances that this was being addressed with the home's senior management.

There were systems in place to ensure staff were trained and supported to do their job. Staff mandatory training was maintained on an up-to-date basis; staff training in dysphasia was not up-to-date for a number of staff. An area of improvement was made in respect of this. Staff spoke positively on their training and how it was provided.

A programme of induction is completed for all newly appointed staff, including any agency staff employed on a temporary basis.

## 5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly and warm. It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. Staff showed understanding and sensitivity to patients' needs. One patient said; "I am very happy here. They (the staff) are all kind."

Care records were maintained which reflected the needs of the patients. Care records were held safely and securely.

The Manager undertakes a pre-admission assessment to all potential patients to determine whether the home can meet these assessed needs. 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' 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dinner time meal was attractively presented, with good provision of choice and portions were generous. There was a variety of drinks available. During the dining experience, staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Records were kept of what patients had to eat and drink daily. Patients who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment.

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.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. It was established that there were systems in place to manage this aspect of care. One patient's bedrail assessment identified the use of bedrails as high risk and that alternative measures should be considered. The Manager agreed to review this bed rail assessment in consultation with the patient's aligned named worker, in accordance with current safety guidance. This was identified as an area for improvement.

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 if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff. Any issues of assessed need had a subsequent recorded statement of care / treatment given with effect of same recorded. The outcomes of visits from any healthcare professional were also recorded.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy with no mal-odours. Patients' bedrooms were personalised with items important to the patient. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

The décor in the ground floor corridor area was dated and tired in appearance. The Manager reported that plans were in place to address this. The first floor corridor area had been repainted and new flooring installed but the finished appearance lacked homely touches such as pictures and associated décor. An area of improvement was made for this to be reviewed.

Cleaning chemicals were stored safely and securely.

The catering department were tidy and organised.

The grounds of the home were suitably maintained with good accessibility for patients to avail of.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment dated 16 January 2024 had corresponding evidence recorded of all but one of the actions taken in response to recommendations made. This recommendation was in relation to compartmentation. Good assurances were received both verbally and in writing from the Manager confirming that this would be acted on without delay. An area of improvement was made for a time bound action plan to be submitted to RQIA detailing the actions taken in response to this outstanding recommendation.

Fire safety exits were free from obstruction. Two lounge fire doors were seen to be not closing properly. An area of improvement was made.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures.

### 5.2.4 Quality of Life for Patients

Patients said that they were happy with their life in the home, and their care and that staff were kind and attentive. One patient said; "I am very well looked after here. All I have to do is press my buzzer and they (the staff) are here straight away. I couldn't complain. They (the staff) are very good here."

Observations of care practices confirmed that patients were able to choose how they spent their day. The genre of music and television channels played were in keeping with patients' age group and tastes.

It was also observed that staff offered choices to patients throughout the day which included preferences for food and drink options.

Patients were seen to be comfortable, content and at ease in their environment and interactions with staff and one another. Patients were engaged in pastimes of their choice, such as resting, watching television, reading or enjoying visits with family members.

The nurse call system when activated made a high pitch sound in all areas of the home. The frequency and pitch of this alarm had the potential to intrude on patients' daily life. This was discussed with the Manager who agreed to discuss the operation of the alarm system with the Responsible Individual to see if any reasonable adjustments could be made. This will be reviewed at a future inspection.

### 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 is the Registered Manager of the home.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and that the Manager was readily available

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 Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to the patient's next of kin and their aligned named worker.

Discussions with the Manager confirmed that expressions of dissatisfaction were taken serious and managed appropriately.

There was a system of audits for quality assurance in place. These audits were maintained on an up-to-date basis and included audits of; care records, infection prevention and control and the environment.

The annual quality assurance report, dated June 2024, had been completed with patients and their representatives. Feedback from this was largely positive but one relative did mention the noise from the call alarm system in the home.

The home was visited each month by a representative of the Responsible Individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in good detail, with action plans in place for any issues identified. These reports are available for review by patients, their representatives, the Trust and RQIA.

### 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 the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Deidre Monaghan, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 20 (1) (c) (I) <b>Stated:</b> First time <b>To be completed by:</b> 28 August 2024	The registered person must ensure all appropriate staff are in receipt of training in dysphagia. Ref: 5.2.1 and 5.2.2 <b>Response by registered person detailing the actions taken:</b> All staff have completed training in dysphagia as required.
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 27 (2) (d) <b>Stated:</b> First time <b>To be completed by:</b> 28 July 2024	The registered person must submit a time bound action plan detailing how and when improvements to the environment will be made in terms of homeliness and warmth. Ref: 5.2.3 <b>Response by registered person detailing the actions taken:</b> An action plan to improve the environment of the Home has been devised with time scales and completion dates.
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 27 (2) (t) <b>Stated:</b> First time <b>To be completed by:</b> 28 July 2024	The registered person shall submit a time bound action plan detailing how the one outstanding recommendation in the fire safety risk assessment, dated 16 January 2024, will be dealt with. Ref: 5.2.3 <b>Response by registered person detailing the actions taken:</b> The outstanding recommendation from the Fire Risk Assessment has been completed in full with the installation of a new fire door.
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 18 (1) <b>Stated:</b> First time <b>To be completed by:</b> 28 July 2024	The registered person shall review the identified bed rail assessment in consultation with the patient's aligned named worker, in accordance with current safety guidance. Ref: 5.2.2 <b>Response by registered person detailing the actions taken:</b> Bedrail risk assessment has been reviewed and action taken appropriate to the needs of the individual patient following consultation with named worker.

<b>Area for improvement 2</b> <b>Ref:</b> Standard 47 (1) <b>Stated:</b> First time <b>To be completed by:</b> 28 July 2024	The registered person shall ensure that the two identified lounge doors close securely in accordance with fire safety.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> The two identified fire doors have been checked and are in full working order as per fire regulations.

*\*Please ensure this document is completed in full and returned via Web Portal*



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