

# Inspection Report

**Name of Service:** Brooklands Healthcare Magherafelt

**Provider:** Brooklands Healthcare Ltd

**Date of Inspection:** 1 July 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Brooklands Healthcare Ltd
<b>Responsible Individual:</b>	Mrs Victoria Humphries
<b>Registered Manager:</b>	Mrs Deirdre Mary Monaghan
<p><b>Service Profile</b> – This home is a registered nursing home which provides nursing care for up to 47 patients. Accommodation is over two floors.</p> <p>There is a separate registered residential care home which occupies the same building and the registered manager for this home manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 1 July 2025, from 9.15am to 3.20pm. The inspection was conducted by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified by RQIA, during the last inspection on 28 November 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and were trained to deliver safe and effective care.

As a result of this inspection no new areas of improvement were identified. All areas of improvement from the previous care inspection were met. One area of improvement from the medicines management inspection on 28 November 2024 will be reviewed at the next inspection.

## **3.0 The inspection**

### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

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

Patients said that they were well cared for in the home and that staff were kind and attentive. Some of the comments made included the following statements; "The nurses here are fantastic.", "They're (the staff) the best here. All is well." and "It's just perfect here. No problems."

Staff spoke positively about their roles and duties, the provision of care, teamwork, training and managerial support.

Feedback from one staff questionnaire was all positive.

## **3.3 Inspection findings**

### **3.3.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training, regular staff meetings and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. They described the manager as very approachable and readily available for advice.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

An appropriate system to manage the registration of nurses with the Nursing & Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC) was in place.

Any nurse who is in charge of the home in the absence of the manager has a competency and capability assessment completed for this responsibility.

### 3.3.2 Quality of Life and Care Delivery

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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. Staff were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment, such as bedrails that could be considered restrictive. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. Staff have received training in the management of falls.

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

The dining experience was an opportunity for patients to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. The choice of dinner time meal was appetising and wholesome. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. One patient made the following comment in respect of the meals; "The meals are lovely and the kitchen staff are excellent and I always get what I want."

Patients' preferences and wishes were also respected with choice to reside in their bedroom with their chosen activity such as resting, reading, listening to music or watching television. The genre of music played and television channels was in keeping with patients' age group and tastes.

### 3.3.3 Management of Care Records

Patients' needs were assessed by a suitably qualified member of staff 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

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Care staff recorded regular evaluations about the delivery of care.

### 3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and fresh smelling throughout, with a programme of redecoration and upkeep in place. Patients' bedrooms were comfortable and suitably facilitated. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

The grounds of the home were well maintained.

The home's fire safety risk assessment was completed on 23 January 2025. There was corresponding evidence in place to confirm that the three recommendations from this assessment had been addressed.

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.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

### 3.3.5 Quality of Management Systems

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

It was established that systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. 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.

Accidents and incidents were notified, if required, to patients' next of kin, aligned named workers and to RQIA, as appropriate.

Expressions of complaint are taken serious and managed appropriately.

There was a system of audits and quality assurance in place. These audits included; environmental, care records and infection prevention and control.

The home was visited each month by a representative on the behalf of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. These reports were informative and included action plans to address any issues identified. The reports are available for review by patients, their representatives, the Trust and RQIA.

#### 4.0 Quality Improvement Plan/Areas for Improvement

No new areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1*

\* The number of areas for improvement includes one which has been carried forward for review at the next inspection.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Deirdre Mary Monaghan, Registered Manager, as part of the inspection process and can be found in the main body of the report.

<b>Quality Improvement Plan</b>	
<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 30  <b>Stated:</b> First time  <b>To be completed by:</b> 28 November 2024	The registered person shall ensure that the maximum, minimum and current temperatures of the medicines refrigerator are monitored and recorded daily and that appropriate action is taken if the temperature recorded is outside the recommended range 2-8°C.  Ref: 2.0
	<b>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.</b>

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



## The Regulation and Quality Improvement Authority

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