

Inspection Report

14 June 2024



Brooklands Healthcare Magherafelt

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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	Registered Manager: Mrs Deirdre Mary Monaghan
Responsible Individual Mr Jarlath Conway	Date registered: 11 June 2018
Person in charge at the time of inspection: Deirdre Mary Monaghan	Number of registered places: 8
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 8
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 8 residents. The home is situated on one separate corridor within a Nursing Home and provides care for people living with dementia. Residents have access to a communal lounge, bathrooms, dining room and an enclosed garden and patio area.	

2.0 Inspection summary

An unannounced inspection took place on 14 June 2024, from 10.10 am to 3.30 pm by a 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.

The home was warm and welcoming. Residents were seated comfortably in the communal lounge or their bedroom, dependent on their preferred choice.

Residents who were able to make their wishes known told us they were happy in the home and that the staff were approachable and attentive to their needs. Those residents who were unable to make their wishes known appeared to be comfortable in their surroundings.

Staff provided positive feedback about their experiences of working in the home. It was evident that staff promoted the dignity and well-being of residents, and carried out care in a compassionate manner.

No areas for improvement were identified at this inspection.

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 manager with the necessary information to improve staff practice and the residents' 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, 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 residents 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 Deirdre Mary Monaghan, Manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us they enjoyed living in the home and were happy with the care provided; residents told us, "the staff are all very good." Residents who were able to make their wishes known, told us they enjoyed the food and were comfortable in their environment. One resident said, "I'm very happy in here." Comments regarding activities were shared with the manager for action and review as appropriate. This will be reviewed at a future inspection.

Staff told us they enjoyed working in the home and that there was good teamwork. Staff said the manager was supportive and approachable. Staff told us they were happy with the staffing levels and that there were enough staff on duty to respond to the needs of the residents.

Two questionnaires were completed by relatives of residents in the home and one questionnaire was submitted on behalf of a resident. The feedback received told us that the resident and relatives were satisfied that the care provided in Brooklands Healthcare Magherafelt was; safe, effective and compassionate. Comments shared in the feedback included, “there is excellent care provided to my relative.” No staff provided responses to the staff survey within the identified timeframe.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 May 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 25.1 Stated: Second time	The registered person shall complete a review of the current staffing arrangements to ensure that at all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 25.6 Stated: Second time	The registered person shall ensure that the staff duty rota fully and accurately reflects the staff working in the home over a 24-hour period and the capacity in which they worked.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 3 Ref: Standard 35 Stated: First time	The registered person shall ensure there is a managed environment that minimises the risk of infection for staff. Residents and visitors. This specifically relates to the deep cleaning of the armchairs in the residents' bedrooms	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

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There was evidence of systems in place to monitor and ensure staff were compliant with their registration with the Northern Ireland Social Care Council (NISCC). There was evidence that those staff required, had this in place and this was reviewed on a monthly basis.

There was evidence of systems in place to monitor and ensure staff were trained and supported to do their job. Training for practical fire training was scheduled to take place for all staff, this will be reviewed at a future inspection.

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 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.

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

Residents who were able to make their wishes known told us staff were attentive to their needs and that they felt comfortable in seeking support from staff. One resident told us, "the staff are all great."

A visitor who was in attendance at the home provided positive feedback about their relative's experience in the home and told us, "I'm very happy with the staff, it is a lovely place. I would give it five stars."

5.2.2 Care Delivery and Record Keeping

The atmosphere in the home was calm and relaxed. Residents were observed to be comfortably engaging with one another and the staff throughout the day.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were observed to be respectful, understanding and sensitive to residents' needs. For example; a staff member who was providing bespoke care for a resident was observed working with the resident in a calm and respectful manner, offering support and reassurance as required.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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

Examination of records and discussion with the staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to their GP, or for physiotherapy.

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

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

There was evidence that residents' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet. Comments made by a resident regarding the food was shared with the manager for action and review as appropriate.

There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' 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 residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

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

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

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

There was evidence of annual reviews of resident's care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. Lounges and dining areas were bright and spacious, with homely touches such as flowers and drinks available. Pictures were displayed across notice boards in the care home, evidencing resident's engagement in activities.

Residents bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Residents told us the home was well maintained and kept clean, neat and tidy. Cleaning staff were observed completing their duties across the home.

A Fire Risk Assessment was completed on the 16 January 2024 by an accredited fire risk assessor and the fire risk was assessed as tolerable. There was evidence of the actions having been completed within the identified timeframes. There was evidence of staff requiring practical fire training, a date was confirmed for all staff to complete this. This will be reviewed at a future inspection.

The manager evidenced a system in place to monitor staff's attendance at fire drills.

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 Personal Protective Equipment (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.

5.2.4 Quality of Life for Residents

Residents who were able to make their wishes known told us they were able to choose how they spent their day and where able to get out for walks in the enclosed patio area.

It was observed that staff offered choices to residents 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.

There was an activity schedule on display which evidenced a range of activities for residents including; religious events, knitting, crafts and armchair exercises. Some of the residents told us they would like there to be more activities throughout the day; these comments were shared with the manager for review and action as appropriate. The manager confirmed the home is currently advertising to recruit for an activity therapist to support with the co-ordination of activities in the home. This will be reviewed at a future inspection.

Residents were well presented; clean, neat and tidy, dressed appropriately for the time of year.

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 11 June 2018.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by 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 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 adults at risk of harm.

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 residents, care practices or the environment.

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 residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints and there was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

Residents and their relatives said that they knew who to approach if they had a complaint and they had confidence that any complaint would be managed well.

Staff commented positively about the manager and told us she was supportive, approachable and always available for guidance. One of the staff members told us the manager is “very organised” and ensures staff are appropriately trained to complete their duties.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

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



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