



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 24 February 2020



## Brooklands Healthcare Magherafelt

**Type of Service: Nursing Home**  
**Address: 66 Hospital Road, Magherafelt, BT45 5EG**  
**Tel No: 028 7963 4490**  
**Inspector: Joanne Faulkner**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 47 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Brooklands Healthcare Ltd  <b>Responsible Individual:</b> Therese Elizabeth Conway	<b>Registered Manager and date registered:</b> Deirdre Mary Monaghan – 30 September 2014
<b>Person in charge at the time of inspection:</b> Deirdre Mary Monaghan	<b>Number of registered places:</b> 47  There shall be a maximum of 1 named resident receiving residential care in category RC-PH (E)
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. 345678PH – 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> 44

### 4.0 Inspection summary

An unannounced inspection took place on 24 February 2020 from 10.00 hours to 15.00 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Brooklands Healthcare Magherafelt which provides nursing care.

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

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- dining experience
- complaints
- adult safeguarding
- incidents
- consultation
- governance arrangements

Evidence of good practice was found in relation to the delivery of care to patients. Staff demonstrated that they had a good understanding of the individual needs of the patients. The delivery of care took into account needs, personal choice and level of dependence of the individual patients.

Five areas requiring improvement were identified during this inspection in relation to staff training, the environment, Infection Prevention and Control (IPC), and the storage of records.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

We would like to thank the patients and staff for their support and co-operation throughout the inspection process.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	5

Details of the Quality Improvement Plan (QIP) were discussed with Deirdre Mary Monaghan, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 30 August 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 30 August 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are retained

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 electronic questionnaire.

The following records were reviewed during the inspection:

- duty rota information for all staff from 14 to 26 February 2020
- incident and accident records
- two patient care records
- a sample of governance audits/records
- complaints records
- compliments received
- adult safeguarding records
- the monthly monitoring reports for January and February 2020
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from previous inspection**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time	The registered person shall ensure that the building is decorated to a standard acceptable for residents in accordance with infection prevention and control best practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was noted that the identified floor covering had been replaced.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that wound care records are completed contemporaneously in accordance with legislative requirements and best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records viewed indicated that wound care records had been completed contemporaneously in accordance with legislative requirements and best practice guidance.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 4.9 <b>Stated:</b> First time	The registered person shall ensure that patient charts including daily care, food and fluid and repositioning charts are completed contemporaneously in accordance with legislative requirements and best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records viewed indicated that daily care, food and fluid and repositioning charts had been completed contemporaneously in accordance with legislative requirements and best practice guidance.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 23 <b>Stated:</b> First time	The registered person shall ensure that pressure relieving mattresses are set in accordance with the patients' weight and are appropriately monitored.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We identified that a system has been developed for reviewing and ensuring that pressure relieving mattresses are set in accordance with the patients' weight. These checks are completed on a weekly and monthly basis. A record of all checks completed is retained.	

## 6.2 Inspection findings

### 6.2.1 Staffing arrangements

We reviewed staffing arrangements within the home; the manager was registered in September 2014. There was evidence of a clear organisational structure within the home. The manager is supported by a team of registered nurses and healthcare assistants. In addition, there is a team of

support staff which includes an administrator, housekeeping, laundry, maintenance and kitchen staff and an activities coordinator.

On the date of inspection the certificate of registration was on display and reflective of the service provided. No concerns regarding the management of the home were raised during the inspection.

Discussions with the manager and staff, and a sample of the home's rota information viewed, indicated that the manager endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients.

The manager stated that staffing levels were subject to ongoing review to ensure the assessed needs of the patients were appropriately met. The duty rota information viewed, reflected the staffing levels as discussed with the manager during inspection. It was noted that staffing numbers were reduced on the day of the inspection due to the adverse weather conditions; additional staff were provided during shift.

Observation of the delivery of care provided evidence that patients' needs were met by the levels and skill mix of the staff on duty. Staff confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs.

The review of staff training records indicated that a number of staff were due training updates in a range of areas such as first aid, fire safety and moving and handling. There was evidence that a number of training updates were planned and the manager stated that all staff had been informed that training updates were to be completed immediately. An area for improvement was identified.

Discussions with a number of patients during the inspection identified that they had no concerns regarding the care and support provided; they spoke positively in relation to the care provided.

The staff rota information viewed indicated that the care is provided by a core staff team; staff felt that this supports them in ensuring continuity of care to patients. Staff described how endeavouring to achieve continuity of staff can have a positive impact on the patients' experience in relation to their human rights such as privacy, dignity and respect.

Staff who spoke with the inspector had a clear understanding of their roles and responsibilities. Patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

Discussions with patients and staff, and observations made indicated that staff had a good understanding of the individual needs of patients. Staff could describe the importance of respecting patients' personal preferences and choices and in supporting them to make choices. Patients who could not verbalise their feelings in respect of the care they received were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Throughout the inspection interactions between staff and patients were observed to be compassionate and appropriate; we observed that patients were offered choice.

## **6.2.2 Environment**

We reviewed the environment of the home undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. We observed that an extension plug was being used in the

room of one patient to provide power to a number of electrical appliances; we discussed with the manager the need to review this arrangement to ensure safety. An area for improvement was identified.

The entrance area to the home was welcoming and well decorated; there was information available relating to IPC, hand hygiene and raising concerns. No malodours were detected in the home.

The majority of the shared areas viewed were noted to be well decorated. The majority of the sample of patients' bedrooms viewed were found to be clean, warm and well decorated and had been personalised to the individual interests and preferences of patients.

However, we noted that a number of areas requiring attention such as damage to wood surrounding a sink in one of the patient's bedrooms, torn wallpaper in the corridor on the first floor, chipped paint on handrails throughout the home, and a damaged table and a torn chair cushion in one of the patient's rooms. The conservatory area was noted to be cluttered with a large number of chairs, wheelchairs, a dismantled bed, damaged chairs and a number of bags filled with clothing and other objects. We observed that a number of radiators in the patient's bedrooms were hot to the touch and radiator covers were not in place. These matters were discussed with the manager and an area for improvement identified.

Bathrooms and toilets were observed to be clean and fresh; a supply of gloves and aprons was readily available to staff throughout the home. Staff were observed to use protective equipment appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised by staff. Information leaflets with regard to IPC issues such as hand hygiene were available for staff, patients and their visitors. Sluice doors were locked and chemicals stored safely. It was identified that a number of pull cords were required to be covered with a wipeable material to ensure they could be cleaned in accordance with IPC good practice guidance. An area for improvement was identified.

### **6.2.3 Care records**

Care records are retained electronically. The review of care records for three patients identified that they were individualised to the needs of the person; they included details of patient's assessed needs, risks and preferences. Records viewed included referral information and in addition included risk assessments and care plans.

There was evidence that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Care plans viewed provided details of the care required by individual patients; staff record daily the care provided to patients and care plans are reviewed monthly. Care plans were noted to have been updated following recommendations from professionals such as Speech and Language Therapists (SALT) and Dieticians.

There was evidence that a range of risk assessments are reviewed monthly in areas such as pressure care, nutrition and dependency. We identified that on one occasion a patients' weight had not been monitored as detailed in their care plan; this was discussed with the manager.

Discussions with staff and patients and observations made provided assurances that care is provided in a person centred manner.

We observed that archived care records were being retained in a store room that was unlocked; this was discussed with the manager and an area for improvement identified.

#### **6.2.4 Dining experience**

We noted that mid-morning patients were offered a range of hot and cold beverages and a selection of snacks. We observed the serving of the mid-day meal; it was noted that the meal was served later than planned due to reduced staffing caused by the weather conditions. The dining rooms were observed to be clean and table settings were noted to be appropriate; napkins, condiments and cutlery were provided. Staff were in attendance in the dining rooms and supporting patients with their meal.

Food served was noted to be appetising and well-presented and appropriate portion sizes were provided. We observed that food was covered when being transferred from the dining room to patients who had chosen to have their meal in their bedroom. Patients spoken with indicated that the food was good; comments included: "Good."; "Too much."; "Lovely."

A number of patients required staff support with eating their meal; staff were observed taking time to chat to the patients and in ensuring they were satisfied with their food. We observed staff offering and providing assistance in a discreet manner when necessary; they were wearing appropriate protective clothing with regards to food hygiene good practice. Patients were provided with appropriate clothing protection as required.

#### **6.2.5 Complaints**

Discussions with the manager and the review of records indicated that complaints received by the home since the previous inspection had been managed appropriately; an investigation is currently ongoing in relation to one complaint received. Discussions with the manager and staff indicated that they were knowledgeable in relation to the process for managing complaints received. Complaints are audited monthly as part of the quality monitoring audit.

It was positive to note a number of compliments had been received, they included:

- "Thanks for looking after my husband."
- "Thank all the staff for the care given to \*\*\*\*\* (patient) over the years."
- "Thanks for amazing care given to our aunt. She truly enjoyed her time here and was very grateful to all staff for care they provided."

#### **6.2.6 Adult safeguarding**

A review of adult safeguarding information and discussions with the manager provided evidence that one referral had been made to adult safeguarding since the last inspection. The manager stated that the investigation with regards to the referral remains ongoing; they stated that they would inform RQIA of the outcome of the investigation.

The manager and staff spoken with demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. A number of patients could describe the process for reporting concerns. A record is retained of actions taken in relation to adult safeguarding matters; this information is reviewed as part of the monthly quality monitoring process.

Staff could describe their responsibility in relation to reporting poor practice and had awareness of the procedure with regard to whistleblowing.

### 6.2.7 Incidents

A review of the records relating to a sample of the accidents and incidents which had occurred within the home indicated that process for reporting had been managed appropriately. There was evidence that incidents/accidents are audited monthly; the manager stated that this assists them in highlighting trends and risks, and identifying areas for improvement. It was noted that one incident that had occurred had been referred to the Health and Social Care Trust (HSCT) Adult Safeguarding team and an investigation was ongoing.

### 6.2.8 Consultation

During the inspection we spoke with five patients, small groups of patients in the dining room and lounge areas, three relatives and four staff members. Patients who could verbalise their views provided positive feedback in relation to the care provided by staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

#### Patient's comments

- "Very happy, no issues."
- "I am happy."
- "All staff are good."
- "Food is good, too much."
- "Most of the time they answer the buzzer quickly."
- "I am happy enough; wouldn't be here if I wasn't."
- "They (staff) look after you well, I have no complaints."
- "Staff are good, food is good."

#### Staff comments

- "No issues, happy with here."
- "We have enough staff, some did not get in today because of the snow."
- "We are busy; it's a nice place to work."
- "We can report issues to the manager."
- "I am here 16 years, I am very happy."
- "It is busy, hard to get nurses."
- "The manager is approachable."

#### Relatives' comments

- "Staff seem busy at times."
- "We had an issue with a toilet being soiled; staff sorted it."
- "Happy enough, \*\*\*\*\* (patient) will only be here for a short time the plan is for them to return home."

Discussions with patients indicated that staff were friendly and attentive; they stated that they had no concerns in relation to the care provided.

We observed a number of staff supporting patients in the dining room and lounge areas; the interactions indicated that staff were respectful of patients by asking them their choices in relation to a range of matters such as food.

Discussion with the patients and staff provided evidence that there were systems in place to obtain the views of patients and their representatives on the day to day running of the home.

Ten questionnaires were provided to give patients and those who visit them the opportunity to provide feedback to us in relation to the quality of the care provided. Two responses were received; the respondents indicated that they were very satisfied that care provided was safe, effective, compassionate and well led.

At the request of the inspector, the manager was asked to display a poster within the home. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

### 6.2.9 Governance arrangements

There is a system for completing quality monitoring audits on a monthly basis and for developing a report in accordance with Regulation 29. The monthly quality monitoring visits are completed by the regional manager or a manager from one of the organisation's other care homes.

We reviewed a number of the audit reports that evidenced that the quality monitoring visits were completed in accordance with the regulations. It was identified that an action plan is generated to address areas identified for improvement. Reports viewed were noted to include details of the review of the previous action plan; review of staffing arrangements including staff training and registration with the relevant regulatory bodies; accidents/incidents; adult safeguarding matters; care records; environmental matters and complaints.

The records indicated engagement with staff, patients, and their representatives. Comments included: "They are all very good."; "Very happy, nurses are all very kind."; "Lovely home, girls are all great."

#### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and safeguarding matters. We noted that care was provided in a person centred and compassionate manner.

#### Areas for improvement

Five areas requiring improvement were identified during this inspection in relation to staff training, the environment, IPC and the storage of records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	5

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Deirdre Mary Monaghan, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 6.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Staff have completed mandatory training in first aid, fire safety and moving and handling. Audits are completed monthly and action implemented</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 47</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the home is maintained in a safe manner.</p> <p>This relates specifically to the review of the use of extension leads within the home.</p> <p>Ref: 6.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The use of electrical extension leads in the Home have been reviewed and actioned. They are now being used and maintained in a safe manner.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 43</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall that the premises are safe, well maintained and remain suitable for their stated purpose.</p> <p>This relates specifically to the following matters:</p> <ul style="list-style-type: none"> <li>• The repair of identified areas throughout the home</li> <li>• The removal of items stored in the conservatory area</li> <li>• The review of the need for the use of radiator covers in patients bedrooms</li> </ul> <p>Ref: 6.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Schedule of works in place and will be recommenced once COVID-19 Pandemic restrictions have eased.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that there is a managed environment that minimises the risk of infection for staff, residents and visitors.</p> <p>This relates specifically to ensuring that all pull cords are covered in a wipeable material.</p> <p>Ref: 6.2.2</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p><b>Response by registered person detailing the actions taken:</b> The remainder of pull cords identified will be replaced as part of the schedule of works following the ease of pandemic restrictions</p> <p>The registered person shall ensure that clear, documented systems are in place for the management of records in accordance with legislative requirements and best practice guidance.</p> <p>This relates specifically to the storage of archived care records.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Archived records are being held in secured storage as per policy of the Home</p>

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



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