



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment:	Brooklands - Magherafelt
Establishment ID No:	1422
Date of Inspection:	12 October 2014
Inspector's Name:	John McAuley
Inspection ID	IN016536

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Home:	Brooklands Private Nursing and Residential Care Home
Address:	66 Hospital Road Magherafelt BT45 5EG
Telephone Number:	(028) 7963 4490
E mail Address:	jarlathc@conwaygroup.co.uk
Registered Organisation/ Registered Provider:	Brooklands Healthcare Ltd Mr Jarlath Conway
Registered Manager:	Mrs Una McTaggart
Person in Charge of the Home at the Time of Inspection:	Ms Julie Cruz, Nursing Sister
Categories of Care:	NH-I, NH-PH, NH-PH(E), NH-TI, NH-LD, RC-I , RC-MP(E), RC-PH(E), RC-DE
Number of Registered Places:	55
Number of Patients Accommodated on Day of Inspection:	52 plus 1 resident in hospital
Scale of Charges (per week):	£567.00 - £609.00 Nursing £450.00 - Residential
Date and Type of Previous Inspection:	09 March 2014: Unannounced inspection
Date and Time of Inspection:	12 October 2014 10.15am – 3.15pm
Name of Inspector:	John McAuley

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 METHODS/PROCESS

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

- Discussion with Nursing Sister in charge
- Discussion with staff
- Discussion with patients and residents and two visiting relatives
- Examination of records
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Evaluation and feedback To the Registered Manager and Registered Provider
- Observation during a tour of the premises

1.3 Inspection Focus

On the 12 October 2014 an anonymous complaint was received by RQIA in relation to;

- Staffing levels – insufficient levels
- Meals and mealtimes – inadequate supervision and support

As a result this inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

- **STANDARD 12 - MEALS AND MEALTIMES**
Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.
- **STANDARD 30 - STAFFING**
The number and ratio of nurses and care assistants on duty at all times meet the care needs of patients.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Please insert previous profile

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Brooklands – Magherafelt. The inspection was undertaken by John McAuley on Sunday 12 October 2014 from 10:15am to 3:15pm hours.

The inspector was welcomed into the home by Staff Nurse Ms Agnes Zapata and Nursing Sister Ms Julie Cruz who were both available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to the Registered Manager Mrs Deidre Mary Monaghan who arrived into the home at 2pm and also via telephone to Ms Therese Conway a company director for the home at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients/ residents, staff and two visiting relatives. The inspector observed care practices, examined a selection of records, issued patient, and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 9 March 2014, one requirement and two recommendations were issued. These were reviewed during this inspection. The inspector evidenced that the two recommendations had been attended to on a satisfactory basis. However the one requirement previously made in relation to staffing has been stated for a second time, as there continues to be an identified shortfall in staffing. Details can be viewed in the section immediately following this summary.

A review of the DHSSPS Nursing Homes Minimum Standard on Meals and Mealtimes was undertaken. Evidence was found at the time of this inspection that patients / residents were supervised and assisted in an appropriate manner with sensitive care provided to individual needs. The quality and presentation of the Sunday dinner time meal was found to be of an appetising, well presented standard. This was served in nicely appointed dining room facilities throughout the home with a conducive atmosphere for patients /residents to enjoy the meal. The three week rotational menu was found to be of nutritional and varied content with one recommendation made to vary the provision of the Sunday dinner time meal. Discussions with patients / residents were all positive and complimentary in respect of the provision of meals. Several criterion of this standard were not reviewed on this occasion as the overall evidence found that there were adequate supervision and support and that meal provided for, was done so in keeping with this overall standard.

A review of the DHSSPS Nursing Homes Minimum Standard on Staffing was undertaken. For the duration of this standard the ground floor unit of the home was short one member of care staff, which as a result brought the staffing levels to below minimum staffing levels. Discussions with staff in relation to staffing varied, in that on the first floor staff felt levels to be adequate but on the ground floor and residential dementia unit some staff declared that they felt stressed and fatigued at the levels and there was a subsequent poor staff morale. An identified shortfall of staffing levels was found in the residential dementia from 6pm onwards as there were only one member of staff. Evidence of this was primary made from direct observations in respect of this at the time of this inspection. A requirement has been stated for a second time in relation to this shortfall and a requirement has been made for a comprehensive review to be undertaken, particularly to ensure that levels do not fall below minimum levels as often reported to happen with staff absence at weekends. This review needs to take account of the morale and impact of staff. Concerns were also identified in respect of staffing levels from a quality assurance audit by relatives in August 2014 but there was no corresponding evidence that this had been addressed. The overall evidence was that

there were insufficient staffing levels in place at the time of this inspection and given the feedback from staff and general observations on how busy the workload was in relation to patients / residents' dependencies, these issues of improvement need to be clearly addressed as detailed in the attached quality improvement plan.

Stakeholder consultation

During the course of this inspection, the inspector met with patients / residents, staff and two visiting relatives. Further detail of these discussions can be found in 6.0 of this report. However the feedback from discussions were all positive in respect of care, the kindness and support received from staff, and the provision of meals. The only concerns mentioned were by a number of staff and one patient / resident in respect of staffing levels.

Care practices

Discreet observations of care practices throughout this inspection evidenced patients / residents being treated with dignity and respect. Staff interactions with patients / residents were found to be polite, friendly, warm and supportive.

Patients / residents were observed to be comfortable, content and at ease in their environment and interactions with staff.

General environment

All areas of the home were found to be clean and tidy with a good standard of décor and furnishings being maintained. Patients / residents' facilities were found to be comfortable and accessible to avail of.

A requirement has been made in respect of radiators / hot surfaces which posed as a risk. These details are in 6.4 of this report.

Conclusion

The overall delivery of care to patients / residents was evidenced at the time of this inspection to be of a good standard, and patients / residents were comfortable, content and at ease in their environment and interactions with staff. However, areas of improvement were identified in particular relation to staffing.

Therefore two requirements and one recommendation are made as a result of this inspection. These requirements and recommendations are detailed throughout this report and in the attached quality improvement plan (QIP).

The inspector would like to acknowledge the level of support and assistance from patients / residents and staff received throughout this inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20 (1) (a)	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients/residents ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients/residents.</p> <p>This requirement is made in regard to the shortfall in care staff hours from 18.00 hours - 20.00 hours.</p> <p>Ref 5.3 section 5 (Additional Areas Examined)</p>	<p>The shortfall of staffing related to the residential dementia unit when from 6pm onwards there is only one member of staff on duty.</p> <p>In assessing compliance with this the inspector observed care practices and spoke with staff.</p> <p>As a result given the dependency needs of residents accommodated in this unit together with general observations of care practices in relation to having only member on duty, as observed when another member has to take a break, these staffing levels are considered inadequate. This requirement has been stated for a second time.</p>	<p>Not compliant</p>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	5.1, 10.7	<p>It is recommended that written evidence is maintained in patients and residents care records to indicate that discussions had taken place between the nurse and the resident and /or their representative in regard to planning and agreeing nursing interventions including restraint.</p> <p>Ref 5.1 Section 5 (Additional Areas Examined)</p>	<p>A review of a sample of care records confirmed that evidence of consultation in planning and agreeing nursing interventions had been put in place.</p>	<p>Compliant</p>
2	30.7	<p>It is recommended that registered nurses on night duty are recorded on the staff duty rota on a separate page.</p> <p>Ref 5.3 Section 5 (Additional Areas Examined)</p>	<p>A review of the duty rota confirmed that the registered nurses on night duty were clearly recorded.</p>	<p>Compliant</p>

5.0 Follow up on vulnerable adult investigations

Since the previous care inspection on 9 March 2014 RQIA have received nil notifications of safeguarding of vulnerable adult (SOVA) incidents in respect of Brooklands – Magherafelt.

STANDARD 12 - MEALS AND MEALTIMES	
Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.	
Criterion Assessed:	COMPLIANCE LEVEL
12.1 Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dietitians and other professionals and disciplines.	
Inspection Findings:	
<p>The Sunday dinner time meal at the time of this inspection consisted of; Homemade Soup, Roast Chicken, stuffing, creamed potatoes, vegetables and gravy, followed by a dessert of Trifle and fresh cream or milk pudding. This dinner was presented in an appetising manner, with choice of condiments.</p> <p>A review of the three weekly menus found there to be good provision of nutritious and varied foods.</p> <p>Individual diets were also found to be suitably catered for, as observed in the presentation of pureed and soft diets.</p> <p>Discussions with patients / residents on the provisions of meals found that they enjoyed their meals and no issues of concern relating to same were expressed.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
12.2 Patients are involved in planning the menus.	
Inspection Findings:	
This criterion was not reviewed on this occasion.	Not reviewed

STANDARD 12 - MEALS AND MEALTIMES	
Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.	
Criterion Assessed: 12.3 The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets.	COMPLIANCE LEVEL
Inspection Findings:	
General observations confirmed the provision of choice available by the allocation of a member of staff seeking individual patients / residents' choice of evening meal. Discussions with patients / residents also confirmed that there was suitable provision of same and that such alternative request would be met.	Compliant
Criterion Assessed: 12.4 The daily menu is displayed in a suitable format and in an appropriate location, so that patients, and their representatives, know what is available at each mealtime.	COMPLIANCE LEVEL
Inspection Findings:	
There is a menu displayed in the central area of the home, and also displayed in the residential unit and first floor dining room. Discussions with three patients / residents during this inspection evidenced that they had knowledge of what was planned for on the menu later that evening.	Compliant

STANDARD 12 - MEALS AND MEALTIMES	
Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.	
Criterion Assessed:	COMPLIANCE LEVEL
12.5 Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.	
Inspection Findings:	
There is good provision of meals, hot and cold drinks and snacks at conventional times throughout the day. Staff also confirmed availability of tea and snacks at night if a patient / resident wished.	Compliant
Observations found there were good provisions of fresh drinking water available and accessible throughout the home.	
Criterion Assessed:	COMPLIANCE LEVEL
12.6 Patients can have a snack or drink on request, or have access to a domestic style kitchen.	
Inspection Findings:	
Discussions with patients / residents confirmed that they could have a snack and a drink on request and that this would be duly facilitated by staff.	Compliant

STANDARD 12 - MEALS AND MEALTIMES Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.	
Criterion Assessed: 12.7 Menus provide for special occasions.	COMPLIANCE LEVEL
Inspection Findings:	
This criterion was not reviewed on this occasion.	Not reviewed
Criterion Assessed: 12.8 Patients are consulted and their views taken into account regarding the home’s policy on “take away” foods.	COMPLIANCE LEVEL
Inspection Findings:	
This criterion was not reviewed on this occasion.	Not reviewed

STANDARD 12 - MEALS AND MEALTIMES Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.	
Criterion Assessed: 12.9 Meals are served in suitable portion sizes, and presented in a way and in a consistency that meets each patient's needs	COMPLIANCE LEVEL
Inspection Findings:	
Discreet observations of the Sunday dinner time meal at the time of this inspection found that it was provided for in appropriate portion sizes and presented in an appetising manner. The dining rooms throughout the home were nicely appointed, and there was a calm atmosphere provided for patients / residents to enjoy their meal.	Compliant
Criterion Assessed: 12.10 Staff are aware of any matters concerning patients' eating and drinking as detailed in each patient's individual care plan, and there are adequate numbers of staff present when meals are served to ensure: - <ul style="list-style-type: none"> • Risks when patients are eating and drinking are managed • Required assistance is provided • Necessary aids and equipment are available for use. 	COMPLIANCE LEVEL
Inspection Findings:	
Discreet observations of supervision and assistance with patients / residents during their dinner time meal, found staff attended to their needs in an organised, unhurried manner. There was a calm atmosphere provided for and this created a nice environment for patients / residents to enjoy their meal. Staff were observed to attend to individual patients / residents' needs in an appropriate manner which reflected sensitivity to their respective needs. A review of a sample of patients / residents' care records found that the details of patients / residents' individual eating and drinking requirements were assessed and care planned for, in an informative, detailed manner.	Compliant

<p>Criterion Assessed: 12.11 A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: This was confirmed to be the case.</p>	<p>Compliant</p>
<p>Criterion Assessed: 12.12 Where a patient's care plan requires, or when a patient is unable, or chooses not, to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: A review of one patient's care record who had an identified need pertaining to eating and drinking found there was the necessary referral and liaison with aligned healthcare professionals in respect of same.</p>	<p>Compliant</p>
<p>Criterion Assessed: 12.13 Menus are rotated over a three-week cycle and revised at least six-monthly, taking into account seasonal availability of foods and patients' views.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: A review of the menu confirmed that it is rotated over a three week cycle and revised at least six monthly taking account of the seasonal availability of foods and patients views. The Sunday dinner time menu was found to be similar over the three week cycle for which it was recommended to review such provision.</p>	<p>Substantially Compliant</p>
<p>Criterion Assessed: 12.14 Variations to the menu are recorded.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: This criterion was not reviewed on this occasion.</p>	<p>Not reviewed</p>

STANDARD 30 - STAFFING	
The number and ratio of nurses and care assistants on duty at all times meet the care needs of patients.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>30.1 At all times the staff on duty meet the assessed nursing care, social and recreational needs of all patients, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.</p>	
Inspection Findings:	
<p>The staffing levels at the time of this inspection consisted of;</p> <ul style="list-style-type: none"> • 1 x nursing sister, 2 x senior care assistants and 3 x care assistants for 21 patients / residents in the first floor accommodation • 1 x nurse and 2 x care assistants for 16 patients in the ground floor • 1 x senior care assistant and 1 x care assistant for the residential dementia unit • 1 x domestic assistant on each floor • 1 x cook and 2 x catering assistants <p>There was an identified shortfall of staffing levels of 1 x care assistant in the ground floor level, as a member of staff had reported absent. This shortfall remained throughout the duration of the inspection.</p> <p>In reviewing the staffing levels, there was an identified shortfall in the evening period between 6pm onwards when there was only 1 x senior care assistant on duty. This requirement was previously identified at the previous inspection and a review identified that these staffing levels were adequate. However given the dependency needs of residents accommodated in this unit together with general observations of care practices in relation to having only member on duty, as observed when another member has to take a break, these staffing levels are considered inadequate. This requirement has been stated for a second time.</p> <p>Feedback from staff in respect of staffing levels varied in that staff in the first floor accommodation felt the staffing levels to be adequate. However some staff in the ground floor informed the inspector that they felt the staffing levels did not meet the assessed needs of patients / residents, and the issue was further exacerbated when a member of staff went absence for duty. Some staff who met with the inspector voiced stress and fatigue with the staffing levels in place and declared that there was poor staff morale because of same.</p>	<p>Moving towards compliance</p>

<p>Observations of care practices in the first floor accommodation found that care duties and tasks were organised and met at an unhurried pace in accordance with patients / residents' needs. However on the ground floor it was found to be exceptionally busy for staff after the dinner time period, when staff had to attend to patients / residents' personal care needs and at the same time accommodate their breaks. Added to this there were delays in responding to call assistance alarms. In the residential dementia unit the impact of one member of staff being on duty whilst the other member was on a 15 minute break was observed to be difficult in that the member in the unit had to attend to a resident's personal care needs, and at the same time a visitor was looking to get into the unit, as well as the member being diligent for the other residents' needs. This issue reinforces the shortfall of staffing in the unit from 6pm onwards.</p> <p>Examination of a quality assurance report of relatives satisfaction questionnaires dated August 2014 identified that 17% felt there were not enough staff on evening and night time period.</p> <p>A requirement has also been made for the staffing levels in the ground floor level to be comprehensively reviewed in accordance with patients / residents' needs with subsequent appropriate action.</p> <p>It also was identified that there is a frequency of staff absence particularly at weekends, which causes staffing levels to go below minimum levels. A requirement has been made for a more comprehensive plan to be put in place to address this shortfall and the overall impact of poor staff morale.</p>	
<p>Criterion Assessed: 30.2 The number and ratio of staff to patients is calculated using a method that is determined by and agreed with the Regulation and Quality Improvement Authority. Student nurses and volunteers working in the Home are not taken into account in overall staffing numbers.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: This criterion was not reviewed on this occasion.</p>	Not reviewed

<p>Criterion Assessed: 30.3 The care staff team comprises nurses who are currently registered with NMC, and care assistants who have, as a minimum, NVQ level 2.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: The compliment of staffing in the home comprises of registered nurses registered with the Nursing and Midwifery Council, care staff whom a number have attained the NVQ Level 2 qualification and senior assistant staff who have obtained the NVQ Level 3 and Level 4 qualifications.</p>	<p>Compliant</p>
<p>Criterion Assessed: 30.4 There is a competent and capable nurse in charge of the home at all times.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: An assessment of competency and capability is in place with any member of staff with the responsibility of being in charge of the home in the absence of the registered manager. This was confirmed via discussions with the registered manager and the registered nurses on duty.</p>	<p>Compliant</p>
<p>Criterion Assessed: 30.5 Administrative and ancillary staff are employed to ensure that standards relating to food and meals, transport, laundry, cleaning and maintenance of the premises and administration are fully met.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: The home employs an administrator on a full time basis. Ancillary grades of housekeeping and catering staff are duly employed, as found evident with general observations made at the time of this inspection.</p>	<p>Compliant</p>
<p>Criterion Assessed: 30.6 Records are kept of all staff that includes name, date of birth, previous experience and qualifications, starting and leaving dates, posts held and hours of employment.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: This criterion was not reviewed on this occasion.</p>	<p>Not reviewed</p>

Criterion Assessed: 30.7 A record is kept of staff working over a 24 hour period and the capacity in which they were working.	COMPLIANCE LEVEL
Inspection Findings: A review of the duty rota confirmed that this record was maintained in accordance with this standard criterion.	Compliant
Criterion Assessed: 30.8 Time is scheduled at change of shifts for handover reports to be given on patient care and other areas of accountability.	COMPLIANCE LEVEL
Inspection Findings: A verbal handover report is available between staff changeover of shifts with allocated time scheduled for same.	Compliant
Criterion Assessed: 30.9 Staff meetings take place on a regular basis, and at least quarterly. Records are kept which include: - <ul style="list-style-type: none"> • The date of all meetings • The names of those attending • Minutes of discussions • Any actions agreed. 	COMPLIANCE LEVEL
Inspection Findings: This criterion was not reviewed on this occasion.	Not reviewed

6.0 Additional Areas Examined

6.1 Patients and residents' views

The inspector met with a large number of patients and residents throughout this inspection. Due to levels of fragility and dependencies there were a number who could not clearly articulate their views. However they appeared comfortable and well care. For those patients and residents that could articulate their views, in accordance with their capabilities they confirmed that they were happy with their life in the home, the kindness and support received from staff and the provision of meals.

One patient did express concern at the lack of staffing levels at times in the home and the delays in call assistance alarms being responded to.

Some of the comments included statements such as;

“They are all very kind to me”

“I am happy here, all is grand”

“There is plenty of good food to eat”

“This is a nice place to live”

“I am treated well here”

6.2 Staff views

The inspector met nine members of staff on duty at the time of this inspection. All staff declared that they felt a good standard of care was provided for. However there were a portion of these staff who voiced stress and fatigue at the staffing levels in the home and the associated workload, which they felt had caused poor staff morale.

6.3 Relatives' views

The inspector met two visiting relatives at the time of this inspection. Both declared that they were very happy with the kindness and support received from staff, the provision of meals and the overall general atmosphere in the home.

No concerns were expressed.

6.4 General Environment

All areas of the home were found to be clean and tidy with a good standard of décor and furnishings being maintained. Patients / residents' facilities were found to be comfortable and accessible to avail of.

The radiators throughout the home, including patients / residents' bedrooms were found to be excessively hot to touch and posed a serious risk if a patient / resident were to fall and lie against such. A number of radiators were located adjacent to patients / residents' beds which heighten the risk. A requirement has been made for all radiators / hot surfaces to be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action.

6.5 Care practices

Discreet observations of care practices throughout this inspection evidenced patients / residents being treated with dignity and respect. Staff interactions with patients / residents were found to be polite, friendly, warm and supportive.

Patients / residents were observed to be comfortable, content and at ease in their environment and interactions with staff.

A small group of patients / residents were gather in one of the lounges participating in a Sunday service which was transmitted live from a local church, whilst a number of other were spending reflective time in their rooms, or simply resting, reading, watching television or enjoying on another's company in the communal lounges.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with the Registered Manager Mrs Deidre Mary Monaghan, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

John McAuley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Brooklands - Magherafelt

12 October 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with (**registered manager Mrs Deidre Mary Monaghan**) either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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, and The Nursing Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	20(1)(a)	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>(a) Ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of patients.</p> <p>Reference to this is made in that;</p> <ul style="list-style-type: none"> • There is an identified shortfall of staffing in the residential dementia unit from 6pm onwards with only one member of staff being on duty. This needs to be rectified. • There needs to be a comprehensive review of the staffing levels in the ground floor unit of the home with subsequent appropriate action taken. • A comprehensive action plan must be put in place to address the frequency of staff absence particularly at weekends, which causes staffing levels to go below minimum levels. This plan needs to address the overall impact of poor staff morale associated with this shortfall in staffing. 	<p>Second</p> <p>One</p> <p>One</p>	<p>The staffing levels for the Residential Dementia Unit have been reviewed and additional cover is in place from 18.00 - 20.00 hrs.</p> <p>A review of staffing levels has been completed and will be kept under review in accordance with the dependency needs of residents.</p> <p>A comprehensive plan is in place for the Nursing Home to follow in the event of staff absences. This will be monitored by the Registered Manager.</p>	<p>12 December 2014</p> <p>12 December 2014</p> <p>12 December 2014</p>

2.	27(2)(t)	<p>The registered person shall, having regard to the number and needs of the patients, ensure that-</p> <p>(t) a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>Reference to this is made, in that all radiators / hot surfaces must be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action.</p>	One	<p>A risk assessment has been completed with reference to radiators and hot surfaces. A plan is in place for the fitting of protective covering for those identified within the risk assessment.</p>	12 December 2014
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Recommendations					
These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	12.13	<p>Menus are rotated over a three-week cycle and revised at least six-monthly, taking into account seasonal availability of foods and patients' views.</p> <p>Reference to this is made in that there needs to be a variety of roast for the Sunday dinner time meal as opposed to roast chicken each week.</p>	One	<p>The menus have been reviewed and follow a four week cycle taking into account the patient's views and seasonal availability. Sunday dinner choice has been reviewed and now ensures a variety of roast dinner on Sundays.</p>	12 November 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Deirdre Monaghan
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Therese Conway

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	John McAuley	11 Dec. 14
Further information requested from provider			