Inspection Report

12 January 2022

Brooklands Healthcare Dunmurry

Type of service: Nursing Home
Address: Nursing Unit, 42e Cloona Park, Dunmurry, Belfast, BT17 0HH
Telephone number: 028 9060 1020

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 **Responsible Individual:** Mr Jarlath Conway	**Registered Manager:** Mr Wayne Salvatierra, (not registered)
Person in charge at the time of inspection: Mr Wayne Salvatierra, Acting Manager	**Number of registered places:** 55 This number includes a maximum on 28 patients in NH-DE accommodated in a designated unit on the first floor.
Categories of care: Nursing (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment DE – dementia PH(E) - physical disability other than sensory impairment – over 65 years TI – terminally ill	**Number of patients accommodated in the nursing home on the day of this inspection:** 53
Brief description of the accommodation/how the service operates: This is a nursing home which is registered to provide care for up to 55 patients. The home is divided in two units; the first floor unit provides care for people living with dementia and the ground floor provides general nursing care.	

2.0 Inspection summary

An unannounced inspection took place on 12 January 2022 from 10.05am to 3.00pm. The inspection was completed by a pharmacist inspector and focused on the management of medicines.

The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management. Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the recent care inspection would be followed up at the next care inspection.

Review of medicines management found that the majority of medicines were administered as prescribed. However, the inspection findings indicate that improvements in some areas of medicines management are necessary to ensure that robust arrangements are in place. Areas for improvement were identified in relation to the medication administration process, record keeping and the stock control of medicines.

Following the inspection the findings were discussed with the senior pharmacist inspector. It was agreed that as detailed feedback had been given to the manager, a period of time would be given to implement the improvements and that a follow up inspection would be undertaken to determine if the necessary improvements had been implemented and sustained.

RQIA would like to thank the patients and staff for their assistance throughout the inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. To complete the inspection the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Discussions were held with staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspector met with one care assistant, one nurse, the administrator and the manager.

Staff were warm and friendly and it was evident from discussions that they knew the patients well. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

The staff members spoken with expressed satisfaction with how the home was managed and the training received. They said that the team communicated well and the manager was readily available to discuss any issues and concerns should they arise.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no feedback had been received by RQIA.

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 care inspection on 6 January 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (1) (a) (b) **Stated:** Second time	The registered person shall ensure care plan directions are adhered to. This area for improvement is made with specific reference to the management of weight loss.	**Carried forward to the next inspection**
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 **Ref:** Regulation 10 (1) **Stated:** Second time	The registered person shall ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned.	**Carried forward to the next inspection**
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 **Ref:** Regulation 16 (1) (2) (b) **Stated:** First time	The registered person shall ensure personal hygiene care plans are reviewed by registered nurses in keeping with this regulation. Personal care records should evidence daily care delivery.	**Carried forward to the next inspection**
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 **Ref:** Standard 21.1 **Stated:** First time	The registered person shall ensure that wound care is completed in keeping with care plan directions and wound assessments and evaluations are completed each time wounds are redressed. Evaluations should comment on the condition and progress of the wound.	**Carried forward to the next inspection**
	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.	
Area for improvement 2 **Ref:** Standard 4.9 **Stated:** First time	The registered person shall ensure all daily evaluation of care records are meaningful and patient centred.	**Carried forward to the next inspection**
	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.	

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Personal medication records were in place for all patients selected for review. These records are used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews and hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with safe practice, a second nurse had verified and signed the personal medication records when they are written and updated to provide a check that they were accurate. A number of obsolete personal medication records had not been cancelled and archived. This is necessary to ensure that staff do not refer to obsolete directions in error and administer medicines incorrectly to the patient. An area for improvement was identified.

Copies of patients' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is safe practice.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If nurses record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed. Nurses knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. Directions for use were clearly recorded on the personal medication records. Care plans directing the use of these medicines were available. The records of administration included the reason for and outcome of administration on most occasions. Nurses were reminded that this should be recorded on all occasions. It was agreed that this would be monitored through the audit process.

The management of pain was discussed. Nurses advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. The records reviewed indicated that each patient had a pain management care plan and regular pain assessments were carried out by the nursing staff.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed for one patient. A speech and language assessment report and a care plan were in place. Records of prescribing and administration which included the recommended consistency level were maintained.

Some patients cannot take food and medicines orally; it may be necessary to administer food and medicines via an enteral feeding tube. The management of medicines and nutrition via this route was reviewed. An up to date regimen detailing the prescribed nutritional supplement and recommended fluid intake were in place. Records of administration of the nutritional supplement and fluids were maintained. The fluid intake chart was totalled each day to ensure that the recommended daily fluid intake was achieved. The nurse advised that they had received training and felt confident to manage medicines and nutrition via the enteral route.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that the majority of medicines were available for administration when patients required them. However, two medicines had been out of stock for one patient in January 2022 which had resulted in missed doses. This had the potential to affect the health and well-being of the patient. The manager had not been made aware of the stock supply issues. Nurses must ensure that any potential out of stocks are followed up to ensure that patients have a continuous supply of their prescribed medicines. The manager must be made aware of any issues relating to stock supply so that action can be taken to prevent a recurrence. An area for improvement was identified.

The medicines room was observed to be securely locked to prevent any unauthorised access. However, it needed to be decluttered so that medicines and records were readily available for staff, including agency staff and to ensure that infection prevention and control standards are achieved. An area for improvement was identified.

Medicines which require cold storage must be stored between 2^{o}C and 8^{o}C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. The minimum temperature was frequently below 2^{o}C. The thermometer was reset at the start of the inspection and the temperature remained below 2^{o}C, indicating that there was a problem with either the thermometer or the refrigerator. Nurses had not taken appropriate corrective action and the issue had not been identified through the home's audit process. Nurses should receive guidance on how to accurately monitor the refrigerator temperature and reset the thermometer each day. Corrective action must be taken if temperatures outside the required range are observed. An area for improvement was identified.

Nurses were reminded that records for the disposal of medicines should be signed by two staff.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important that nurses follow safe medication administration processes to ensure that medicines are administered to the right patient at the right time. This includes administering medicines to each patient directly from their dispensed supply and signing the record of administration immediately after the medicine has been administered to the specific patient. Failure to follow this process may mean that medicines are administered to the wrong patient in error and records of administration are not accurately maintained. It is also important to ensure that medicines are not unduly delayed as this may cause harm to the patient. For most medicines a delay is described as a dose administered more than two hours after the prescribed time.

The inspector observed that records of administration were signed at the end of the medicine round and that the lunchtime and evening medicines had been removed from the trolley and placed in the nurse's pocket for administration later in the day. This practice is unsafe. The morning medicine round was not completed until 11.00am. The nurse advised that time-critical medicines and analgesics were administered at the start of the medicine round to ensure that patients did not come to harm or experience pain due to a delay in administration. Nurses must follow safe systems for the administration of medicines. Medicines must be administered at the prescribed time. An area for improvement was identified.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs are recorded in a controlled drug record book. The records reviewed had been maintained in a satisfactory manner.

The majority of audits completed at the inspection indicated that medicines were administered as prescribed. However, three audits could not be completed as records of medicines received into the home on admission from hospital had not been maintained. Following discussion with the nurse it was ascertained that records of medicines received into the home on admission or re-admission were not always maintained. This is necessary to provide a clear audit trail to show that the medicines have been administered as prescribed. An area for improvement was identified.

A range of audits were completed by nurses and management. These included running stock balances for medicines not supplied in the monitored dosage system, treatment room audits and care plan audits. It was agreed that the issues identified at the inspection i.e. the medicines administration process, the refrigerator temperatures, records of medicines received into the home and any stock supply issues would be included in the manager's daily checks.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

There were systems in place to ensure that when a new patient is admitted to the home or is returning from a hospital stay, written confirmation of the patient's current medicines was obtained, shared with the patient's GP as necessary and that two nurses were involved in checking and verifying the records to ensure they were accurate. See also Section 5.2.3.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence. The manager was reminded that the omission of medicines due to supply issues is a medication related incident which must be investigated, reported to the prescriber for guidance and reported to RQIA. See also Section 5.2.2

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported. Policies and procedures should be up to date and readily available for staff.

Nurses in the home had received a structured induction which included medicines management. Competency had been assessed following induction and annually thereafter.

The manager advised that all nurses would receive supervision on the safe administration of medicines. See Section 5.2.3

6.0 Quality Improvement Plan/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, April 2015

	Regulations	Standards
Total number of Areas for Improvement	7*	4*

*The total number of areas for improvement includes five which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Wayne Salvatierra, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (1) (a) (b) **Stated:** Second time **To be completed by:** Immediate action required (6 January 2022)	The registered person shall ensure care plan directions are adhered to. This area for improvement is made with specific reference to the management of weight loss.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 **Ref**: Regulation 10 (1) **Stated:** Second time **To be completed by:** Immediate action required (6 January 2022)	The registered person shall ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 3 **Ref:** Regulation 16 (1) (2) (b) **Stated:** First time **To be completed by:** Immediate action required (6 January 2022)	The registered person shall ensure personal hygiene care plans are reviewed by registered nurses in keeping with this regulation. Personal care records should evidence daily care delivery.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** Immediate action required	The registered person must ensure that medicines are available for administration on all occasions. Ref: 5.2.2
	Response by registered person detailing the actions taken: To ensure availability of resident medications at all times, Safe Medication Administration and Ordering System was discussed with the Nurses during a supervision completed on 14th January 2022. The pharmacy manager agreed as well on 27/01/22 that

	he can be contacted for emergency medication supply needed on a weekend and holidays in order to maintain availability of residents medications. This issue was further discussed during a Nurses meeting.
Area for improvement 5 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that medicine refrigerator temperatures are accurately monitored each day and corrective action taken if temperatures outside the required range are observed. Ref: 5.2.2
	Response by registered person detailing the actions taken: A new fridge was delivered on 31/01/22 and daily temperature monitoring is in place. Nurses are aware to reset the termometer once it is below or above expected temperature range and report to the Manager or Maintenance for any other fault/s noted for immediate action to be done.
Area for improvement 6 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that nurses follow safe medication administration processes. Ref: 5.2.3
	Response by registered person detailing the actions taken: Supervision on Safe Medication Administration, Receiving and Ordering as well as Proper Medication Documentation was completed with the Nurses on 14/01/22. This was further discussed on the Nurses meeting on 16th February 2022 and the need for Nurses to sign marsheets after medications are administered to each resident was reiterated.
Area for improvement 7 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that a record of all medicines received into the home is accurately maintained Ref: 5.2.3
	Response by registered person detailing the actions taken: A file for newly admitted resident's medications was in place on 17/01/22 in order for an accurate audit to be maintained.Daily medication audit is regularly completed each shift.

Action required to ensure compliance with Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 21.1 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that wound care is completed in keeping with care plan directions and wound assessments and evaluations are completed each time wounds are redressed. Evaluations should comment on the condition and progress of the wound.
	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. Ref: 5.1
Area for improvement 2 **Ref**: Standard 4.9 **Stated:** First time **To be completed by:** 14 December 2021	The registered person shall ensure all daily evaluation of care records are meaningful and patient centred.
	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. Ref: 5.1
Area for Improvement 3 **Ref:** Standard 29 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that obsolete personal medication records are cancelled and archived. Only the current up-to-date personal medication record should be available on the medicine's file. Ref. 5.2.1
	Response by registered person detailing the actions taken: This was addressed after the inspection and old/ previous medication records were archived.

Area for Improvement 4 **Ref:** Standard 30 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that the medicine room is decluttered so that medicines and records were readily available for staff, including agency staff, and to ensure that infection prevention and control standards are achieved. Ref. 5.2.2
	Response by registered person detailing the actions taken: Following the inspection, the treatment room was decluttered by the nurse on duty and is being maintained. Weekly treatment room audit is carried out by the Home manager to ensure adherence. This was further addressed during the Nurses meeting on 16.02.22.

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