

Inspection Report

21 July 2022



Brooklands Healthcare Dunmurry

Type of service: Nursing Home

Address: Nursing Unit, 42e Cloona Park, Dunmurry, Belfast, BT17 0HH

Telephone number: 028 9060 1020

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Brooklands Healthcare Ltd Responsible Individual: Mr Jarlath Conway	Registered Manager: Ms Helen Frances Chambers, registration pending
Person in charge at the time of inspection: Mr Wayne Salvatierra, Nurse-in-charge	Number of registered places: 55
Categories of care: Nursing (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment DE – dementia disability or dementia – over 65 years 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 This number includes a maximum on 28 patients within category NH-DE in a designated unit on the first floor.
Brief description of the accommodation/how the service operates: Brooklands Healthcare Dunmurry is a nursing home which is registered to provide care for up to 55 patients.	

2.0 Inspection summary

An unannounced inspection took place on 21 July 2022 from 10.15 am to 4.05pm. The inspection was carried out by a pharmacist inspector and focused on medicines management within the home.

This inspection assessed progress with the areas for improvement identified in relation to medicines management identified at the last inspection on 12 January 2022. Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

The findings of the last inspection (12 January 2022) indicated that robust arrangements were not in place for all aspects of medicines management. Areas for improvement were identified in relation to: the medication administration process, record keeping, the stock control of medicines and the storage of medicines.

Following the inspection (12 January 2022) the medication related issues were discussed with the senior pharmacist inspector (RQIA) and it was decided that the home would be given a period of time to implement the necessary improvements and that this follow up inspection would be carried out to ensure that the improvements had been implemented and sustained.

The findings of this inspection indicated that improvements in the medication administration process, the stock control of medicines and some aspects of record keeping and storage of medicines were observed. However, two areas for improvement in relation to refrigerator temperatures and records of medicines received into the home were stated for a second time. In addition areas for improvement in relation to record keeping for distressed reactions and governance and audit were identified.

RQIA acknowledged that improvements had been made and that several areas of good practice were observed. Areas of good practice included the use of universal pain assessment tools, transdermal patch charts, prompts for medicines which were due to be administered monthly and the auditing system for nutritional supplements. However, as two areas for improvement were identified for a second time and new areas for improvement were identified, RQIA will continue to monitor and review the quality of service provided in Brooklands Dunmurry and will carry out a further inspection to assess compliance. Detailed feedback on the inspection findings was provided for the manager and registered person following the inspection.

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 the home was 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. The inspector spoke 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 nurse, the nurse-in-charge, the administrator and the manager of Kilwee Nursing Home.

Feedback on the inspection was provided to the manager via telephone call and email on 22 July 2022.

All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Patients were observed to be relaxed and comfortable in the home. Staff were warm and friendly.

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 questionnaires 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 the last inspection?

Areas for improvement from the last inspection on 12 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.	
Area for Improvement 4 Ref: Regulation 13 (4) Stated: First time	The registered person must ensure that medicines are available for administration on all occasions.	Met
	Action taken as confirmed during the inspection: There was evidence that patients had a continuous supply of their prescribed medicines. See Section 5.2.1	
Area for Improvement 5 Ref: Regulation 13 (4) Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: Review of the daily records for the refrigerator temperatures indicated that temperatures outside the accepted range were recorded. Nurses had not taken corrective action or escalated the issue to the manager. This area for improvement was not met and is stated for a second time. See Section 5.2.2	
Area for Improvement 6 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that nurses follow safe medication administration processes.	Met
	Action taken as confirmed during the inspection: The inspector observed nurses following safe medication administration processes. See Section 5.2.3	

Area for Improvement 7 Ref: Regulation 13 (4) Stated: First time	<p>The registered person shall ensure that a record of all medicines received into the home is accurately maintained.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Some records of medicines received into the home were incomplete/ missing.</p> <p>This area for improvement was not met and is stated for a second time.</p> <p>See Section 5.2.4</p>	Not met
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	<p>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.</p> <hr/> <p>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.</p>	Carried forward to the next inspection
Area for improvement 2 Ref: Standard 4.9 Stated: First time	<p>The registered person shall ensure all daily evaluation of care records are meaningful and patient centred.</p> <hr/> <p>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.</p>	Carried forward to the next inspection
Area for Improvement 3 Ref: Standard 29 Stated: First time	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Obsolete personal medication records had been cancelled and archived.</p> <p>See Section 5.2.4</p>	Met

Area for Improvement 4 Ref: Standard 30 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The medicine rooms had been decluttered. Medicines and records were readily available for staff, including agency staff. Infection prevention and control standards were achieved. See Section 5.2.2	

5.2 Inspection findings

5.2.1. Stock control

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.

The records inspected showed that medicines were available for administration when patients required them. Nurses advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

5.2.2 The storage of medicines

It is important that medicines 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.

Medicines which require cold storage must be stored between 2°C and 8°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. Temperatures outside this range were observed for both refrigerators. Corrective action had not been taken by the nursing staff and the issue had not been identified through the home's audits. The thermometers were reset at the start of the inspection. Temperatures within the accepted range were then observed indicating that the refrigerators were working and that staff knowledge needs to be addressed regarding recording the maximum, minimum and current temperature and then resetting the thermometer each day. 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 stated for a second time.

The medicines rooms were observed to be securely locked to prevent any unauthorised access. They had been decluttered following the last inspection so that medicines and records were readily available for staff, including agency staff and to ensure that infection prevention and control standards were achieved. The inspector observed that a number of inhaler spacer devices had not been cleaned/replaced or labelled. The manager advised via telephone call (22 July 2022) that they had been replaced and labelled to denote ownership following the inspection. It was agreed that this would be monitored through the audit process. (See Section 5.2.7)

Several out of date medicines were observed in the clinically urgent pack. These were removed for disposal during the inspection. The manager provided assurances that replacement stock would be ordered and date checks would be completed monthly. It was agreed that this would be monitored through the audit process. (See Section 5.2.7)

5.2.3. The medication administration process

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 or records of administration may not be 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 nurses followed safe administration processes. The morning medicine round was completed in a timely manner and records of administration were completed following the administration of each patient's medicines. Medicines were prepared immediately prior to administration for each patient.

5.2.4 Medicine records

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 were written and updated to provide a check that they were accurate. Obsolete personal medication records had been cancelled and archived to ensure that nurses referred to the most recent directions when administering medicines.

Records of medicines received into the home must be accurately maintained in order to provide a clear audit trail i.e. provide evidence that the medicines have been administered as prescribed. Records of receipt had not been maintained for some medicines received on admission/re-admission to the home and medicines which were received outside the monthly cycle. In addition, the date of receipt had not been recorded for several medicines. An area for improvement stated for a second time.

Records for the disposal of medicines had been maintained in a satisfactory manner and were signed by two nurses.

5.2.5 Administration of medicines

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Most of the records were found to have been fully and accurately completed.

The majority of medicines were supplied in a monitored dosage system. The audits completed on these medicines indicated that they had been administered as prescribed. The management of one recent medication change was discussed with the nurse-in-charge on the day of the inspection and with the manager. Assurances were provided that the medicine had been administered as prescribed.

Discrepancies were identified in the administration of three medicines. The manager investigated these discrepancies following the inspection. Details of the investigations and the actions taken to prevent a recurrence were submitted to RQIA following the inspection. See Section 5.2.7 regarding governance and audit.

5.2.6 The management of distressed reactions

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 on 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 staff 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 for three patients. Directions for use were clearly recorded on the personal medication records and records of administration were maintained. Care plans directing the use of these medicines were in place for two of the patients only; this was rectified following the inspection. The reason for and outcome of administration were not routinely recorded. An area for improvement was identified.

5.2.7 Governance and audit

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.

A review of these audits indicated that the issues raised at this inspection, including errors in the administration of three medicines, were not being identified. In addition two areas for improvement were stated for a second time. The registered person should implement a robust audit system which covers all aspects of the management and administration of medicines. Any shortfalls identified should be detailed in an action plan and addressed. An area for improvement was identified.

The manager advised that all nurses had received feedback on the inspection findings and that a team meeting was planned to discuss the resultant action plan.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	6*	3*

* The total number of areas for improvement includes two that have been stated for a second time and five that have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Helen Chambers, 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

<p>Area for Improvement 1</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required (6 January 2022)</p>	<p>The registered person shall ensure care plan directions are adhered to.</p> <p>This area for improvement is made with specific reference to the management of weight loss.</p> <p>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.</p> <p>Ref: 5.1</p>
<p>Area for Improvement 2</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required (6 January 2022)</p>	<p>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.</p> <p>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.</p> <p>Ref: 5.1</p>
<p>Area for Improvement 3</p> <p>Ref: Regulation 16 (1) (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (6 January 2022)</p>	<p>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.</p> <p>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.</p> <p>Ref: 5.1</p>
<p>Area for Improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>To be completed by:</p>	<p>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.</p> <p>Ref: 5.1 & 5.2.2</p>

Immediate action required (21 July 2022)	Response by registered person detailing the actions taken: Manager will ensure that daily temperatures are recorded for both refrigerators. Any temperatures outside range will be clearly documented showing reset and rechecks and/ or escalation to Maintenance or Management.
Area for improvement 5 Ref: Regulation 13 (4) Stated: Second time To be completed by: Immediate action required (21 July 2022)	<p>The registered person shall ensure that a record of all medicines received into the home is accurately maintained</p> <p>Ref: 5.1 & 5.2.4</p> <p>Response by registered person detailing the actions taken: Interim Manager will ensure both Clinical Rooms have a received medications file in place to record medicines coming into the home for newly admitted residents. Routine medicines received for existing residents will be maintained in the record book provided by the Pharmacy.</p>
Area for improvement 6 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate action required (21 July 2022)	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.</p> <p>Ref: 5.2.2, 5.2.5 & 5.2.7</p> <p>Response by registered person detailing the actions taken: Interim Manager has recommenced the scheduled monthly audits for Treatment Rooms and monthly medications. New Audit folder created for both Clinical Rooms to ensure accurate documentation throughout the month. Manager to oversee all monthly medication Audits and action any concerns or deficits found.</p>
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 (6 January 2022)	<p>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.</p> <p>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.</p> <p>Ref: 5.1</p>

<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>Immediate action required (6 January 2022)</p>	<p>The registered person shall ensure all daily evaluation of care records are meaningful and patient centred.</p> <hr/> <p>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.</p> <p>Ref: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (21 July 2022)</p>	<p>The registered person shall review the management of medicines prescribed to be administered when required for distressed reactions.</p> <p>The reason for and outcome of administration should be recorded on all occasions.</p> <p>Ref: 5.2.6</p> <hr/> <p>Response by registered person detailing the actions taken: Each resident prescribed medications for distressed reactions will have a detailed document for recording reason and outcome on all occasions. Interim manager has completed distressed reaction audits and a Chemical Restraint Audit has been created for monthly governance overview.</p>

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