



# Unannounced Care Inspection Report 1 August 2019



## Brooklands Healthcare Londonderry

Type of Service: Nursing Home  
Address: 25 Northland Road, Londonderry, BT48 7NF  
Tel No: 028 7126 3987  
Inspector: Michael Lavelle and Catherine Glover

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 45 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Brooklands Healthcare Ltd  <b>Responsible Individual(s):</b> Therese Elizabeth Conway	<b>Registered Manager and date registered:</b> Debbie Carey – registration pending
<b>Person in charge at the time of inspection:</b> Michelle Stewart, Nursing Sister	<b>Number of registered places:</b> 45  A maximum of 10 persons in category NH-PH.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	<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 1 August 2019 from 10.10 hours to 19.30 hours.

This inspection was undertaken by the care and pharmacist inspectors.

During this inspection serious concerns were identified in relation to the quality of management and governance arrangements in the home; health and welfare of patients and the management of medicines. These deficits had the potential to impact on the quality of care delivered in the home. As a consequence of our findings, following the inspection the responsible individual was invited to attend a meeting in RQIA on 8 August 2019, with the intention of RQIA issuing two Failure to Comply (FTC) notices with regards to patients' health and welfare.

The meeting was attended by Therese Conway, Responsible Individual.

The responsible individual outlined the actions that would be taken to address the concerns identified. RQIA were not sufficiently assured that the necessary improvements to ensure full compliance with the regulations had been made as a number of areas required time to ensure that new processes were fully embedded into practice.

As a result two Failure to Comply notices were issued under The Nursing Homes Regulations (Northern Ireland) 2005.

Additional areas for improvement were identified with regards to safe moving and handling, the safe storage of thickening agents, expired and inhaled medicines and staff meetings.

The report from both areas of inspection focus are detailed 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.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*2	*3

\*The total number of areas for improvement includes three which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Debbie Carey, manager and Therese Conway, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection and two Failure to Comply notices were issued.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

#### 4.2 Action/enforcement taken following the most recent inspection dated 7 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 7 January 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. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals 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 kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 29 July 2019 and 5 August 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- agency staff induction records
- four patient care records
- a selection of patient care charts including food and fluid intake charts, reposition charts and personal care records
- a sample of governance audits/records
- supervision and appraisal planner for all staff
- evidence of fire drills and fire management book
- nurse in charge competencies
- complaints record and compliments received
- a sample of reports of visits by the registered provider
- RQIA registration certificate.

The following records/areas were reviewed during the medicines management inspection:

- personal medication records, medicine administration records, medicines requested, received and transferred/disposed
- management of medicines on admission and medication changes
- management of controlled drugs, antibiotics, insulin and the administration of medicines via the enteral route
- care planning in relation to distressed reactions, pain and thickening agents
- medicine management audits
- storage of medicines
- stock control.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not 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 inspections

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 11  <b>Stated:</b> First time	<p>The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate. Arrangements should be made to ensure activities are delivered in the absence of the activity co-ordinator.</p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Records in relation to activity provision in the home were requested from the manager. No records were made available for review. We were unable to validate that this area for improvement had been addressed.</p> <p><b>This area for improvement is not met and is subsumed into the enforcement action taken as a consequence of this inspection.</b></p>	

<b>Areas for improvement from the last medicines management inspection on 17 September 2018</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	<p>The registered person shall ensure that all medicines are removed from use and disposed of when the date of expiry is reached.</p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Two supplies of eye drops were removed during the inspection as they were out of date.</p> <p>One other not dated and staff would therefore not be able to determine when it goes out of date.</p> <p>Three insulin pens were not labelled with the patient name or dated when opened and therefore the staff would not know when to dispose of these pens.</p> <p><b>This area for improvement is not met and has been stated for a second time.</b></p>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	<p>The registered person shall ensure that the medicine administration records are fully and accurately completed.</p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Significant omissions were noted in the majority of MARs sheets that were examined during the inspection.</p> <p>Medicines which had been prescribed at weekly intervals had also been signed as administered more frequently, however they had been administered as prescribed.</p> <p><b>This area for improvement is not met and is subsumed into the enforcement action taken as a consequence of this inspection.</b></p>	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that there are robust governance arrangements in place for the management of medicines.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The outcome of this inspection shows that audit process is not effective.</p> <p>Audits completed by manager show that gaps in the MARs were noted last month, however effective action to address this issue had not been taken.</p> <p>No other issues were identified in the medicines management audits.</p> <p><b>This area for improvement is not met and is subsumed into the enforcement action taken as a consequence of this inspection.</b></p>	<p><b>Not met</b></p>
<p><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>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall monitor inhaled medicines to ensure that they are administered as prescribed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Of the six inhalers audited during this inspection, one produced a satisfactory outcome. Others either could not be audited or showed that they had not been administered as prescribed.</p> <p><b>This area for improvement is not met and has been stated for a second time.</b></p>	<p><b>Not met</b></p>

## 6.2 Inspection findings

### 6.2.1 Management of medicines and medicines records

During our inspection of 1 August 2019, RQIA identified concerns regarding the governance arrangements with medicines management within the home. Robust systems were not established to ensure that prescribed medicines were available for administration.

We were concerned that two patients had no supply of common painkillers, one for eight days and the second for over two weeks. These patients had previously required these medicines to be administered routinely. These medicines are both readily available from local pharmacies so this lack of action is unacceptable.

There was evidence that registered nurses had not ordered medicines for one patient in a timely manner and therefore the patient was without medicines for one day.

An eye drop prescribed for glaucoma was recorded as out of stock ten times in the three weeks prior to the inspection despite it being available for administration. Two supplies of this medicine were in current use.

There was no evidence that these incidents had been reported to the manager, recognised as potential safeguarding issues or notifiable incidents which should be reported to RQIA. The registered nurses had also not recognised the potential effect of these omissions on patients. The non-administration of prescribed medicines has the potential to affect the health and well-being of patients.

The inspection identified omissions in the majority of medicine records sampled. A significant number of unexplained omissions were noted in the medicine administration records. These omissions had been identified by staff in the home but there had been no action taken to effectively address this issue.

Improvement was required in the personal medication records. One patient had two personal medication records, the incorrect strength was documented for one medicine, not all entries had been verified by two registered nurses and some patient photographs were missing. Personal medication records may be used by other healthcare professionals and must be fully and accurately maintained at all times.

We found omissions in the records which related to the administration of nutrients and fluids through a PEG tube and were unable to verify whether the patient was getting the correct quantity of fluid each day. There were inconsistent checks on the patient while feed was running.

Monthly medicine orders had been receipted onto the MARs but subsequent supplies were generally not recorded. A full record of the medicines received by the home for each patient should be kept.

Disposal records were incomplete, there was evidence that many medicines for one patient had been disposed of but had not been recorded.

### **Areas of good practice**

Satisfactory systems for the following areas of the management of medicines were observed: the management of controlled drugs, distressed reactions, antibiotics and the storage of medicines.

### **Areas for improvement**

Concerns identified in relation to the management of medicines were included in the FTC notice regarding Regulation 13 (4).

One area for improvement under the regulations was stated for a second time concerning out of date medicines.

One area for improvement under the care standards was stated for a second time concerning the administration of inhaled medicines.

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

## 6.2.2 Health and welfare of patients

The inspection of Brooklands Healthcare Londonderry identified serious concerns in respect of the management of the care planning process in the home. Review of four patient care records evidenced deficits with regards to care delivery and record keeping in relation to falls management, management of infections, food and fluid intake, repositioning, personal care and restrictive practice. We were not able to evidence that patients or their representatives were involved in the development of all the care plans we reviewed. Care records for one identified patient who had been admitted some three weeks previous failed to be developed to guide the staff in the delivery of daily care needs. Some staff spoken with stated they did not have adequate training on the new electronic care records system to allow them to complete patient care records in a timely manner.

Further concerns were identified in relation to the supervision of patients and deployment of staff. During review of the environment we observed some patients in their bedrooms on bedrest who were unable to use the nurse call system. Review of records and discussion with staff confirmed there was no system in place to ensure these patients were supervised appropriately. During a care inspection on 7 January 2019 we identified patients sitting in wheelchairs waiting to be transferred into armchairs for over 30 minutes after breakfast. This was discussed with the manager at the time and assurances were given that dependency levels would be reviewed to ensure patients' needs are met in a timely manner. It was disappointing to note on the morning of the inspection that further patients were waiting for up to 30 minutes in wheelchairs to be transferred into an armchair. One patient said, "I am in this chair and I am looking to get out of it." In addition, patients were still in the dining room after 11.00 hours waiting to be brought to the lounge after breakfast. Staff spoken with said they were assisting patients with personal care at this time.

As a result of these findings, a failure to comply notice was issued on 12 August 2019 with regard to a breach of Regulation 13(1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005.

Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Observation of the delivery of care evidenced that elements of training received had not been embedded into practice. For example, deficits were identified in relation to safe moving and handling. One patient was observed to be transported in a wheelchair without footplates. This was discussed with the deputy manager and an area for improvement was made under the regulations.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be clean, warm, well decorated. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. We observed one patient's nurse call buzzer to be out of reach and a malodour was also noted in an identified patient's bedroom. This was discussed with the manager who gave assurances that this would be reviewed.

During review of the environment we observed thickening agents stored in an identified patient's bedroom. This was discussed with the manager who agreed to address this practice with staff. This will be reviewed at a future care inspection.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the environment and fire safety.

### Areas for improvement

One area for improvement under the regulations was identified in relation to safe moving and handling.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 6.2.3 Care delivery, activities and patient/relatives views

Staff demonstrated a good knowledge of patients' wishes and preferences and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

During a care inspection on 7 January 2019 deficits were identified during review of activities within the home. This was discussed with the manager who agreed to review current arrangements against Standard 11 of the Care Standards for Nursing Homes 2015 to ensure the home are adhering to best practice guidance. An area for improvement under the care standards was made. We were disappointed that records in relation to activity provision in the home were requested from the manager during the inspection and were not available for review. One patient commented, "Wouldn't it be great if we weren't all sitting looking at each other?" This area for improvement is not met and has been stated for a second time.

We reviewed compliments received within the home. Some of the comments recorded included:

"I would just like to extend my personal thanks and that of my family to the management and team at Brooklands for the incredible care and attention that my dad received during his stay."

"With sincere gratitude and appreciation for caring for our mother. Your kindness and thoughtfulness will always be remembered."

Consultation with 12 patients individually, and with others in smaller groups, confirmed they were happy and content living Brooklands Healthcare Londonderry. Some of the patient's comments included,

"I love it here. The food is beautiful. It is like a hotel. You get great choice."

"Couldn't be better. I like the atmosphere."

"The care is good. The general atmosphere is good and friendly."

"I'm getting on well. No complaints."

"They are very good. I love it here. This place is great."

Five patient questionnaires were provided, none were returned in the expected timeframe. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Five relative questionnaires were provided and staff were asked to complete an online survey; we had no responses within the timescale specified. One relative was spoken with during the inspection. They indicated they were very satisfied with care. Further comments included,

"It is fab. I am glad I am in and out regularly. For every one thing I could criticise there are ten other things they are great at. Some staff in particular are absolutely excellent. The place is clean. Sometimes the bed isn't made with a duvet, only the duvet cover. When I raise any concerns I feel they address them. It has to be one of the better homes."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and listening to and valuing patients.

### Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

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

### 6.2.4 Management and governance arrangements

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. However, it did not clearly identify the nurse in charge on each shift or the first and surname of all staff. In addition it was not signed by the manager or their designated representative. This was discussed with the manager who agreed to review the duty rota and reflect the changes. This will be reviewed at a future care inspection.

The unannounced inspection raised significant concerns in regards to the overall management of the home. This included a lack of effective oversight, monitoring and quality assurance arrangements in the home, which placed patients at risk of harm.

We reviewed accidents/incidents records since January 2019 in comparison with the notifications submitted by the home to RQIA. There was evidence that some incidents were not submitted in accordance with regulation. These are required to be submitted retrospectively. The review of records demonstrated ineffective audit processes within the home; these in turn failed to drive improvement, specifically in relation to care records and accidents/incidents.

Review of staff supervision and appraisal planners evidenced that annual appraisals and twice yearly supervisions were not being completed for all staff.

The monthly governance reports completed in respect of Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 examined during the inspection, while well completed and generated action plans, failed to identify the serious deficits in practice and secure the required improvements.

As a result of this findings, a Failure to Comply notice was subsequently issued on 12 August 2019 with regard to a breach of Regulation 13(1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager and review of records confirmed that staff meetings were held and records were maintained. However, staff meetings were not being held for all staff on at least a quarterly basis for all staff. This was discussed with the manager and an area for improvement under the care standards was made.

### Areas for improvement

One area for improvement under the care standards was identified in relation to staff meetings.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Debbie Carey, manager and Therese Conway, responsible individual, 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.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 13 (4)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that all medicines are removed from use and disposed of when the date of expiry is reached.</p> <p>Ref: 6.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> Daily and weekly audits are in place to ensure close monitoring of medication records , including disposal of out of date medications.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure safe moving and handling training is embedded into practice.</p> <p>This area for improvement is made with specific reference to the use of wheelchair footplates.</p> <p>Ref: 6.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> All moving and handling training is up to date and close monitoring of practices is ongoing.</p> <p>Nightly checks are in place to identify any defaults in wheelchairs</p>

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 28</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall monitor inhaled medicines to ensure that they are administered as prescribed.</p> <p>Ref: 6.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> Daily audits are in place to ensure that all inhalers are administered as prescribed</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 11</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 12 September 2019</p>	<p>The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate. Arrangements should be made to ensure activities are delivered in the absence of the activity co-ordinator.</p> <p>Ref: 6.2.3</p>

	<p><b>Response by registered person detailing the actions taken:</b> All residents have an activities assessment in place to reflect their preferences and choices and will be reviewed as and when necessary. All activities taken place within the home are displayed in the reception area. Activities coordinator maintains records of all activities delivered with the names of the residents who participate and arrangements are in place to ensure activities are delivered in the absence of the activities co-ordinator .</p>
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<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2019</p>	<p>The registered person shall ensure that staff meetings for all staff take place on a regular basis, at a minimum quarterly.</p> <p>Ref: 6.2.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A number of meetings have been held since the date of inspection and these will continue on a regular basis</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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