



# Unannounced Enforcement Care Inspection Report 14 October 2019



## Brooklands Healthcare Londonderry

**Type of Service: Nursing Home (NH)**  
**Address: 25 Northland Road, Londonderry, BT48 7NF**  
**Tel No: 028 7126 3987**  
**Inspectors: 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. 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home registered to provide nursing care for up to 45 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Brooklands Healthcare Ltd  <b>Responsible Individual:</b> Therese Conway	<b>Registered Manager and date registered:</b> Kim McKeever – acting no application required
<b>Person in charge at the time of inspection:</b> Stephen Wright, registered nurse	<b>Number of registered places:</b> 45
<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> 40

### 4.0 Inspection summary

An unannounced inspection took place on 14 October 2019 from 11.00 hours to 15.20 hours.

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

The inspection sought to assess the level of compliance achieved in relation to two Failure to Comply (FTC) Notices. The areas identified for improvement and compliance with the regulation were in relation to the health and welfare of patients. The date of compliance with the notices was 14 October 2019.

The following FTC Notices were issued by RQIA:

**FTC ref: FTC000070 issued on 12 August 2019**

**FTC ref: FTC000071 issued on 12 August 2019**

Evidence was available to validate compliance with one of the Failure to Comply Notices (FTC000071) with regards to medicines management. There was evidence of some improvement and progress made to address the required actions within the other notice (FTC000070), however we were unable to validate full compliance with the second FTC Notice.

RQIA senior management held a meeting on 15 October 2019 and a decision was made to extend the compliance date of the outstanding notice up to the maximum legislative timeframe of three months. Compliance with the notice must therefore be achieved by 12 November 2019.

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>	0	0

This inspection resulted in no areas for improvement being identified. An extension of one of the FTC Notices resulted from the findings of this inspection.

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.

## 5.0 How we inspect

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

During our inspection we:

- where possible, speak with patients, people who visit them 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.

The following records were examined during the inspection:

- duty rota for all staff from 11 October 2019 to 17 October 2019
- three patient care records
- incident and accident records
- a selection patient care charts including personal care charts, fluid intake charts, PEG monitoring records and reposition charts
- supervision and appraisal records
- a selection of staff training records
- a sample of governance audits/records
- personal medication records and medicine administration records
- records of receipt and disposal of medicines
- medicine audits.

Two areas for improvement identified at the last care inspection were reviewed as part of this inspection and the remaining areas for improvement have been carried forward to the next care inspection.

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 the last care inspection dated 1 August 2019

Two areas for improvement from the last inspection on 1 August 2019 were reviewed as part of the inspection and the remaining areas for improvement have been carried forward to the next care inspection. The QIP in Section 7.2 reflects the carried forward areas for improvement.

<b>Areas for improvement from the last care inspection</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> Second time	The registered person shall ensure that all medicines are removed from use and disposed of when the date of expiry is reached.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> All medicines that were examined during this inspection were in date. There was evidence that expired medicines had been removed from use in a timely manner.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 20 (1) (a) <b>Stated:</b> First time	The registered person shall ensure safe moving and handling training is embedded into practice.	<b>Carried forward to the next care inspection</b>
	This area for improvement is made with specific reference to the use of wheelchair footplates.  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 28 <b>Stated:</b> Second time	The registered person shall monitor inhaled medicines to ensure that they are administered as prescribed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inhaled medicines were being monitored closely through the audit process. Some small discrepancies were noted during the inspection. The homes management team continue to closely monitor these medicines. Given this assurance, this area for improvement was assessed as met.  There was evidence that inhaled medicines were monitored through the audit process.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 11 <b>Stated:</b> Second time	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.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time	The registered person shall ensure that staff meetings for all staff take place on a regular basis, at a minimum quarterly.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	



## 6.2 Inspection findings

**FTC Ref: FTC000070**

### **Notice of failure to comply with Regulation 13 (1) (a) and (b) of The Nursing Homes Regulations (Northern Ireland) 2005**

*13.-(1)The registered person shall ensure that the nursing home is conducted so as –  
(a) to promote and make proper provision for the nursing, health and welfare of patients;  
(b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients*

In relation to this notice the following eight actions were required to comply with this regulation.

- 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
- staff are provided with training appropriate to their roles and responsibilities, in relation to the completion of patient care records
- appropriate staff deployment is maintained to ensure patients' needs are met in a timely manner
- staff appraisal and supervision is implemented and sustained
- all patients have up to date, assessment of needs and individualised care plans in place to direct staff in the delivery of care
- supplementary care records such as food and fluid intake records and change of position records are reflective of care planning directions and are completed contemporaneously
- a robust governance system is established to quality assure patient care records
- RQIA is notified of all incidents/accidents occurring in the home in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. This includes retrospective notification of events identified during the inspection on 1 August 2019.

Evidence was not available to validate compliance with this FTC Notice as detailed below.

Through review of records, observations of staff practice and discussion with staff and the manager we evidenced and acknowledged the progress made in relation to this FTC Notice.

Review of the duty rota confirmed there were adequate staffing arrangements in place to meet the needs of the patients. The responsible individual confirmed training on the electronic care record system had been delivered to staff on 21 August 2019. In addition supervision had been carried out with staff on the completion of care documentation.

There was a relaxed atmosphere in the home. Patients spoken with were happy and content and said their care needs were met in a timely manner. Staff interactions with patients were observed to be compassionate, caring and timely with care delivered in an unrushed manner. Patients' needs were met and the health and welfare of patients was being closely monitored. Staff said there had been an improvement in the daily routine since the last inspection.

Supervision and appraisals were ongoing. Review of records confirmed that the majority of staff have had an annual appraisal; those who have not have had a date identified to complete this. The majority of staff have had one supervision with a second planned before the end of the year. Good progress had been made regarding the development of patient care records with regards to assessment of need and individualised care planning. We evidenced that supplementary care records were completed contemporaneously and reflected the assessed needs of patients.

Incidents/accidents records completed since January 2019 were reviewed in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted in accordance with regulation. All retrospective notifications were submitted.

We reviewed a sample of care record audits. We commended the responsible individual for the introduction of a supplementary care record audit. Review of records clearly evidenced where gaps in recording had been identified, these had been addressed by staff as required. While there was good evidence that the audit system had identified deficits in care records, we were not assured that the deficits identified had been actioned. We evidenced examples where audits had highlighted gaps in contemporaneous record keeping, although this had not been consistently followed up by registered nursing staff to address the identified deficit. In addition, some of the audits lacked detail regarding the date they were completed, dates that actions were to be completed and by whom. Further deficits in record keeping were identified during review of patient care records which had not been identified during the audit. We discussed ways the manager could enhance the current governance systems particularly with regards to the qualitative element of the care records audit.

Based on the evidence the decision was made by RQIA to extend the date for compliance with this FTC Notice to the maximum legislative timeframe of three months. Compliance with this notice must therefore be achieved by 12 November 2019.

**FTC Ref: FTC000071**

### **Notice of failure to comply with Regulation 13 (4) (b) and (c) of The Nursing Homes Regulations (Northern Ireland) 2005**

*13.-(4) Subject to paragraph (5), the registered person shall make suitable arrangements for the ordering, storage, stock control, recording, handling, safe keeping, safe administration and disposal of medicines used in or for the purposes of the nursing home to ensure that –*  
*(b) medicine which is prescribed is administered as prescribed to the patient for whom it is prescribed, and to no other patient; and*  
*(c) a written record is kept of the administration of any medicine to a patient.*

In relation to this notice the following seven actions were required to comply with this regulation.

- medicine administration records are fully and accurately completed
- medicine receipt and disposal are fully and accurately recorded
- personal medication records are fully and accurately completed
- records of nutrients and fluids administered through a PEG tube are clearly recorded
- systems are in place so that patients have a continuous supply of their prescribed medicines



- systems are in place to ensure that RQIA is notified when prescribed medicines are not available for administration
- robust auditing systems are developed and implemented which identify deficits in the management of medicines and produces an effective action plan. Audits must be completed regularly.

Evidence was available to validate compliance with this Failure to Comply Notice, as detailed below.

Medicine administration records had been reviewed and revised. The sample reviewed during this inspection had been fully and accurately completed.

The receipt and disposal of all medicines had been recorded.

The sample of personal medication records that was reviewed during this inspection had been fully and accurately completed. There was evidence that the records had also been reviewed during the audit process.

A new system for recording food and fluids administered via Percutaneous endoscopic gastrostomy (PEG) tube had been implemented. Records were clear and unambiguous.

It was observed that patients had sufficient supplies of all of their medicines and no out of stock medicines were noted.

RQIA had been notified of any reportable incidents in relation of medicines. Incidents had been appropriately managed.

The auditing arrangements had been reviewed to ensure that they were effective in identifying areas for improvement. Action plans were produced and actioned following the audits. Audits were completed regularly.

### Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

### 6.3 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice reference FTC000071. Evidence was not available to validate compliance with Failure to Comply Notice reference FTC000070. However, there was evidence of some improvement and progress made to address the required actions within the notice.

Following the inspection, RQIA senior management held a meeting on 15 October 2019. The decision was made to extend the date for compliance with the outstanding FTC Notice to the maximum legislative timeframe of three months. Compliance with the notices must therefore be achieved by 12 November 2019.

## **7.0 Quality improvement plan**

There were no new areas for improvement identified during this inspection. The attached QIP contains the areas for improvement carried forward from the last care inspection on 1 August 2019. This inspection focused solely on the actions contained within the Failure to Comply Notices issued on 12 August 2019.

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 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 registered provider has confirmed that actions have been completed to address the areas for improvement identified during the last care inspection and has returned the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	<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: 6.1</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></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>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> Second time  <b>To be completed by:</b> 12 September 2019	<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: 6.1</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2019	<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: 6.1</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>

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



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