

# Inspection Report

3 February 2022



## Brooklands Healthcare Londonderry

Type of service: Nursing Home  
Address: 25 Northland Road, Londonderry, BT48 7NF  
Telephone number: 028 7126 3987

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Brooklands Healthcare Ltd	<b>Registered Manager:</b> Miss Shauna Rooney
<b>Responsible Individual:</b> Mrs Therese Elizabeth Conway	<b>Date registered:</b> 22 July 2021
<b>Person in charge at the time of inspection:</b> Miss Shauna Rooney	<b>Number of registered places:</b> 45  This includes a maximum of 10 persons in category NH-PH.
<b>Categories of care:</b> Nursing (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> 37
<b>Brief description of the accommodation/how the service operates:</b> This is a nursing home which is registered to provide nursing care for up to 37 patients.	

## 2.0 Inspection summary

An unannounced inspection took place on 3 February 2022 from 10.30am to 2.30pm. The inspection was conducted by a pharmacist inspector and focused on medicines management within the home. 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 last care inspection would be followed up at the next care inspection.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered their medicines as prescribed. One new area for improvement was identified in relation to the safe management of insulin.

Whilst an area for improvement was identified, it was concluded that overall, the patients were being administered their medicines as prescribed.

RQIA would like to thank the 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. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Staff views were also obtained.

### **4.0 What people told us about the service**

To reduce footfall throughout the home, the inspector did not meet any patients. Patients were observed to be relaxing in communal areas of the home and in bedrooms.

Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

The inspector met with nursing staff and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs.

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 13 April 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) (b)  <b>Stated:</b> First time	The registered person shall ensure that patient care records accurately reflect the care given for the maintenance of percutaneous endoscopic gastrostomy (PEG) tubes for those requiring enteral feeding.	Carried forward to the next inspection
	<b>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.</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations and appropriate actions taken post fall are recorded in the patient's care record.	Carried forward to the next inspection
	<b>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.</b>	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 19 (1) (a) Schedule 3 3 (k)  <b>Stated:</b> First time	The registered person shall ensure a contemporaneous record of all nursing interventions is maintained.	Carried forward to the next inspection
	<b>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.</b>	

<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time	The registered person shall ensure substances hazardous to health are safely stored at all times.  <b>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.</b>	<b>Carried forward to the next inspection</b>
<b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b>		
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> Second time	The registered person shall ensure that where deficits are identified as a result of auditing, actions are taken to address the deficits and areas are re-audited to ensure the required improvements are made.  <b>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.</b>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time	The registered person shall ensure the programme of activities is developed with the patients and reviewed at least twice yearly to ensure it meets patients changing needs. Individual activity assessments and social profiles should be completed and reviewed as required to inform and compliment patient centred care plans. A contemporaneous record of activities delivered must be retained. Activities must be integral part of the care process with daily progress notes reflecting activity provision.  <b>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.</b>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time	The registered person shall ensure care plans for the management of wounds accurately reflect recommendations of the multidisciplinary team. Care should be delivered in keeping with the assessed needs of the patient. Wound assessment and evaluations should be in keeping with best practice guidance.	<b>Carried forward to the next inspection</b>

	<b>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.</b>	
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## 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 the GP, the pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records 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 or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to check that they are accurate.

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 good 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 nurses 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 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 the management of distressed reactions was reviewed for two patients. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Nurses knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain. Nurses were reminded the reason for and outcome of each administration should be consistently recorded for every administration.

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. Care plans and pain assessments were in place and reviewed regularly.

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 and nutritional supplements was reviewed for two patients. A speech and language assessment report and care plan was 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 via the enteral route was examined. Personal medication records had been completed to denote medicines were administered via the enteral route and staff in the home had checked the medicine formulations prescribed were suitable to administer via this route. Staff on duty advised that they had received training and felt confident to manage medicines via the enteral route.

The management of insulin was reviewed. Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail to direct staff if the patient's blood sugar was too low or too high. In-use insulin pen devices were stored as expected at room temperature in the medicines trolley; however the devices were stored without the lid secured. In-use insulin pen devices were not accurately labelled to denote ownership and the date of opening was not accurately recorded to facilitate audit and disposal at expiry. Safe systems must be in place to ensure high risk medicines such as insulin are stored safely and administered as prescribed. An area for improvement was identified.

#### **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 medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of medicines.



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

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. The records were found to have been fully and accurately completed. The records were filed once completed. It was highlighted to the manager that records for the administration of short term antibiotic medicines should be clear and unambiguous from the records of regular medicines. The manager gave an assurance that this would be addressed moving forward.

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 were recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines with the exception of insulin (see 5.2.1) so that they could be easily audited. This is good practice.

### **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.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new patients or patients returning from hospital. Written confirmation of the patient's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

Review of medicines for patients who had a recent hospital stay and were discharged back to this home, showed that hospital discharge letters had been received and a copy had been forwarded to the patient's GPs. The patients' personal medication records had been updated to reflect medication changes which had been initiated during the hospital stay. Medicines had been accurately received into the home and administered in accordance with the most recent directions. There was evidence that staff had followed up any discrepancies in a timely manner to ensure that the correct medicines were available for administration.



### 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.

Management and staff were familiar with the type of incidents that should be reported. 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 the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

### 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 they staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Medicines management policies and procedures were in place.

## 6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with the Care Standards for Nursing Homes, April 2015

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	4*

\* The total number of areas for improvement includes seven which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Shauna Rooney, registered 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (13 April 2021)	<p>The registered person shall ensure that patient care records accurately reflect the care given for the maintenance of percutaneous endoscopic gastrostomy (PEG) tubes for those requiring enteral feeding.</p> <p><b>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.</b></p> <p>Ref: 5.1</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (13 April 2021)	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations and appropriate actions taken post fall are recorded in the patient's care record.</p> <p><b>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.</b></p> <p>Ref: 5.1</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 19 (1) (a) Schedule 3 3 (k)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (13 April 2021)	<p>The registered person shall ensure a contemporaneous record of all nursing interventions is maintained.</p> <p><b>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.</b></p> <p>Ref: 5.1</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (13 April 2021)	<p>The registered person shall ensure substances hazardous to health are safely stored at all times.</p> <p><b>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.</b></p> <p>Ref: 5.1</p>

<b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> Second time  <b>To be completed by:</b> 13 May 2021	The registered person shall ensure that where deficits are identified as a result of auditing, actions are taken to address the deficits and areas are re-audited to ensure the required improvements are made.
	<b>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.</b>  Ref: 5.1
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (13 April 2021)	The registered person shall ensure the programme of activities is developed with the patients and reviewed at least twice yearly to ensure it meets patients changing needs. Individual activity assessments and social profiles should be completed and reviewed as required to inform and compliment patient centred care plans. A contemporaneous record of activities delivered must be retained. Activities must be integral part of the care process with daily progress notes reflecting activity provision.
	<b>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.</b>  Ref: 5.1
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (13 April 2021)	The registered person shall ensure care plans for the management of wounds accurately reflect recommendations of the multidisciplinary team. Care should be delivered in keeping with the assessed needs of the patient. Wound assessment and evaluations should be in keeping with best practice guidance.
	<b>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.</b>  Ref: 5.1

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required (3 February 2022)</p>	<p>The registered person shall review the management of insulin to ensure that:</p> <ul style="list-style-type: none"> <li>• each pen is labelled to denote ownership</li> <li>• the date of opening is recorded to facilitate audit and disposal at expiry</li> <li>• insulin pens are stored safely and securely</li> </ul> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> All Insulin pens are now individually labelled by the local pharmacy prior to dispensing to denote ownership. A meeting and supervision was held on 24<sup>th</sup> February with all nurses to reiterate the management of insulin pens, opening dates and safe storage. This continues to be monitored via monthly drug audits and during the Regulation 29 visits.</p>
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*\*Please ensure this document is completed in full and returned via the Web Portal\**



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