



The Regulation and
Quality Improvement
Authority

Inspection Report 3 and 5 November 2020



Brooklands Healthcare Londonderry

Type of Home: Nursing Home

Address: 25 Northland Road, Londonderry, BT48 7NF

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Inspectors: Judith Taylor & Sharon McKnight

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 this inspection and do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

Information relating to our inspection framework, the guidance and legislation that informs the inspections, the four domains which we assess services against as well as information about the methods we use to gather opinions from people who have experienced a service can be found at <https://www.rqia.org.uk/guidance/legislation-and-standards/> and <https://www.rqia.org.uk/guidance/guidance-for-service-providers/>

1.0 Profile of service

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

2.0 Service details

Organisation/Registered Provider: Brooklands Healthcare Ltd Responsible Individual: Ms Therese Elizabeth Conway	Registered Manager and date registered: Prof Fiona Cook (registration pending)
Person in charge at the time of inspection: Prof Fiona Cooke	Number of registered places: 45
Categories of care: Nursing (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment	Total number of patients in the nursing home on the day of this inspection: 42

3.0 Inspection summary

An unannounced inspection was conducted on 3 November 2020 to focus on the management of medicines in the home; and to determine if the improvement noted at the last medicines management inspection on 14 October 2019 had been sustained.

We identified serious concerns regarding the management and administration of patients' medicines. As a result, an unannounced care inspection was undertaken on 5 November 2020.

At the care inspection serious concerns were identified in relation to the overall governance arrangements and the competency with which the home was managed and the systems in place to ensure that patients were not placed at risk of harm.

As a consequence of the inspection findings, RQIA invited the responsible individual from Brooklands Healthcare Ltd to attend two meetings in RQIA on 13 November 2020, with the intention of issuing three Failure to Comply Notices under The Nursing Homes Regulations (Northern Ireland) 2005 and the intention of serving a Notice of Proposal to place conditions on the registration of the home.

The meeting was attended by Mrs Therese Conway, Responsible Individual (RI) and the regional manager. They submitted an action plan and provided a full account of the actions they had taken to date and the arrangements they had made to ensure the improvements necessary to achieve full compliance with the required regulations were made. However, the representatives were unable to offer RQIA full assurance, as a number of areas required time to ensure that new processes were fully embedded into practice. As a result three Failure to Comply Notices were issued under The Nursing Homes Regulations (Northern Ireland) 2005. At the meeting the RI advised that they were voluntarily closing the home to admissions to allow the necessary improvements to be made. They also agreed to increase the frequency of unannounced monitoring visits and submit a copy of these reports to the RQIA. It was therefore decided that the Notice of Proposal would not be issued.

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

During our inspection we:

- spoke to patients
- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept

A sample of the following was examined and/or discussed during the inspection:

- personal medication records
- medicine administration records
- medicine receipt and disposal records
- controlled drug records
- care plans related to medicines management
- governance and audit
- staff training and competency records
- six patients care records
- duty rostered for week commencing 11 September 2020 and the period 16 October – 5 November 2020
- daily staff allocation records
- Infection, Prevention and Control (IPC) audits
- monthly monitoring reports for the period April - October 2020.

4.0 Inspection Outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Fiona Cook, manager and Therese Conway, Responsible Individual (RI) and the regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of the medicines management and care inspections. Three Failure to Comply Notices (FTC) were issued under The Nursing Homes Regulations (Northern Ireland) 2005 as follows:

FTC Ref: FTC000135 with respect to Regulation 10(1)

FTC Ref: FTC000136 with respect to Regulation 13(4)

FTC Ref: FTC000137 with respect to Regulation 14(4)

The date for compliance with these notices was agreed as 18 January 2021 when a further inspection will be carried out.

RQIA informed the registered persons that further enforcement action may be considered if the issues are not addressed and the improvement sustained. RQIA will continue to monitor progress during subsequent inspections.

The enforcement policies and procedures are available on the RQIA website at [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 What has this home done to meet any areas for improvement identified at the last medicines management on 14 October 2019 and the last care inspection on 24 June 2020?

No areas for improvement were identified at the last medicines management inspection.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff. This relates specifically to the ensuring that the touch point cleaning schedule is completed overnight, as necessary.	Met
	Action taken as confirmed during the inspection: A review of records indicated that the necessary improvement had been made.	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		
Area for improvement 1 Ref: Standard 39 Stated: First time	The registered person shall ensure that all staff completes a structured orientation and induction and that records are retained. The registered person should also ensure that staff inductions are not signed off as complete until the staff member and assessor is satisfied that the full scope of the induction has been satisfactorily completed.	Met
	Action taken as confirmed during the inspection: A review of records confirmed that a structured orientation had been completed with signatures of the staff member and assessor.	

6.0 Inspection Findings

6.1 Medicines Management

6.1.1 Personal medication records and associated care plans

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 will 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.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets and management of emergency medicines when prescribed.

We reviewed a number of care plans regarding pain management, diabetes, distressed reactions, warfarin and epilepsy. Some of these had been accurately maintained; but others required more information. Comprehensive care plans must be in place for the management of these conditions, to provide the staff with the information to care for the patient appropriately. This was identified as an area for improvement.

6.1.2 Medicine storage and record keeping

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. Records of all incoming and outgoing medicines must be maintained.

We identified significant concerns regarding the stock control of medicines as there was evidence that 14 patients had missed one or more doses of their medicines in the last month due to having no stock available, and not all patients' medicines were available on the day of the inspection. Whilst staff advised of the efforts to obtain medicines, this is not acceptable. In addition, these had not been recognised as notifiable incidents and that the ongoing non-administration of medicines could be detrimental to the patient's health and well-being. This was included in the Failure to Comply Notice. Confirmation that all medicines were available on 4 November 2020 was provided by the responsible individual.

The medicines storage cupboards and medicine trolleys were locked to prevent any unauthorised access. However, we advised that the medicine trolleys which were kept in the treatment room should be attached to the wall. From review of records there was evidence that on occasions, medicines could not be located and the medicine dose was missed. Staff advised of a recent tidy up in the treatment room to address this.

In relation to cold storage, we identified a number of medicines, including eye preparations which do not require refrigeration or must not be refrigerated. These were removed during the inspection. Limited shelf-life medicines such as insulin pens and eye preparations should have the date of opening recorded, to ensure these can be removed and replaced if the expiry date has been reached. This date was not marked on all insulin pens and eye preparations in current use. A small number of medicines were not labelled and this was highlighted to staff at the inspection. This was included in the Failure to Comply Notice.

We reviewed the disposal arrangements for medicines and satisfactory arrangements were in place.

6.1.3 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. Staff record the administration on specific medicines records, and include details regarding reasons for the non-administration of medicines. We acknowledged the use of separate administration records for transdermal patches, warfarin and one injection. However, as stated in this report, several medicines were not administered as prescribed and although staff had indicated there was no stock, this continued in for several days for some patients.

There was evidence that staff recorded a daily stock balance for high risk medicines such as controlled drugs and warfarin, and in addition, maintained this for most medicines which were not supplied in the monitored dosage system. This is good practice and readily facilitates the audit process.

The governance arrangements for medicines management were examined. These are processes which when applied, assist with monitoring that patients are being administered their medicines, the medicine systems are working well; and enable identification of any deficits to be addressed. We were unable to view the previous manager's audits as they could not be located and we were advised that medicines management was not routinely monitored by senior management. This is concerning as the issues identified at this inspection are similar to those identified on 1 August 2019 which also resulted in a Failure to Comply Notice; and indicates that a robust audit system was not in place to ensure that the improvements made were sustained. This was included in the Failure to Comply Notice. We were advised that following the inspection, medicines management has been incorporated into the regional manager's monthly audits.

Some patients cannot take food and medicines orally; it may be necessary to administer food and medicines via an enteral tube. We reviewed the management of medicines via the enteral route. An up to date regimen detailing the recommended fluid intake was in place and records of administration of the medicines were maintained. However, records of the fluid intake were incomplete and there was no process in place to ensure that the target volume of fluid per 24 hours was monitored or recorded. This area of medicines should be included in the internal audit processes. It was also raised at the inspection on 1 August 2019. This was included in the Failure to Comply Notice.

6.1.4 Management of medicines on admission/re-admission to the home

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.

We discussed the admission process for patients new to the home or returning to the home after receiving hospital care. Although staff advised there were systems in place to ensure that written confirmation of the patient's medicine regime was obtained and accurately recorded on the personal medication record, we could not evidence this for one patient. We also identified that one receipted medicine was not recorded on the patient's personal medication record and therefore, could not evidence if this had been administered as prescribed. An area for improvement was identified.

6.1.5 Medicine related 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. A robust auditing system will help staff identify medicine related incidents and determine if the medicines systems are working well.

We discussed the medicine related incidents which had been reported to RQIA since the last inspection. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence. However, it is concerning that of the numerous situations where medicines could not be administered as there was no stock available, none of these had been recognised as a medicine related incident and had not been reported to RQIA. It is essential that all staff fully understand what types of incidents require notification to RQIA and the potential impact to the patient's health and well-being. This was included in the Failure to Comply Notice.

6.1.6 Medicines management training

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

Staff and management advised of the training completed and a sample of records were provided. However, the inspection findings indicate that further training in relation to medicines management is necessary. This was included in the Failure to Comply Notice.

6.2 Care delivery

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the needs of the patients. A review of duty rotas for a period of four weeks evidenced that the planned staffing was not consistently provided, leaving patients at risk of not receiving the care they required. One patient had been assessed by the Western Health and Social Care Trust as requiring 1:1 supervision. It was unclear from the duty rotas, documentation and discussion with the manager if this level of supervision was being provided when planned staffing levels were not maintained. This was included in the Failure to Comply Notice.

6.2.2. Care delivery

We arrived in the home mid-morning. The majority of patients were being cared for in the lounge areas or, in accordance with their personal choice, in their individual bedrooms. We observed patients to be happy and content in their surroundings and interactions with staff. Patients were well dressed, with obvious attention paid to their appearance. Following discussion with staff and patients, it was evident that the staff were well informed regarding the patients' needs, what areas patients were independent with, the level of assistance they required in their daily life and their likes and dislikes.

There was a relaxed atmosphere in the home and we observed numerous compassionate and jovial interactions between staff and patients. The patients spoke positively about their care and were complimentary regarding the staff; they told us they felt safe and comfortable in the home. Other comments included:

- "It's a family atmosphere; you can ask them for anything."
- "It's a great place, I'm very happy."
- "I'm happy enough here."
- "Am grand; getting on well"

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection. Unfortunately there were no responses received.

The home had received several letters and cards of support for staff throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards:

"...thank you for all the hard work and effort since March '20 taking care of and the other residents."

"Thinking of you all at this terrible time you all did a good job to keep everyone safe."

We observed the serving of lunch. Patients were assisted with their lunch in a timely manner and we observed relaxed interactions between patients and staff throughout the mealtime. There was a choice of dish at each meal. A number of patients were assessed as requiring a modified diet by speech and language therapists (SALT) – The International Dysphagia Diet Standardisation Initiative (IDDSI) terminology was not consistently applied and recorded to identify the texture required. All of these patients, irrespective of the level of their assessed need, were provided with pureed meat, pureed vegetables and creamed potatoes. As all of these patients were receiving a higher level of modification, they were not at risk; however, this institutional approach to modifying diets is unacceptable. We also noted that the communication and staff knowledge in relation to the management of patients' dietary needs, particularly, food allergies was poor. This was included in the Failure to Comply Notice.

6.2.3 Care records

A range of assessments, to identify each patient's needs, were completed on admission to the home; from these assessments care plans to direct the care and interventions required were produced. Other healthcare professionals, for example, (SALT), dieticians, physiotherapists and occupational therapists also completed assessments as required. The outcomes of these assessments were available in the patients' notes. See also section 6.1.1.

6.2.4 Management of deprivation of liberty (DOLS) safeguards

A keypad was placed on the door into an area of the home where five patients resided. It is unclear if patients had been consulted with and if they could operate the keypad. There were no DOL safeguards in place for any of the five patients, which left them at risk of their liberty being deprived. This was included in the Failure to Comply Notice.

6.2.5 Infection prevention and control practices

Signage had been placed at the entrance to the home which provided advice and information about Covid-19. Alcohol based hand sanitiser was available at the entrance and throughout the home.

All staff were wearing face masks and other personal protective equipment (PPE) as needed. We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Audits of hand hygiene were completed regularly and evidenced good compliance by staff.

Concerns were identified with the management of two patients who required a period of self-isolation. Effective infection prevention and control measures had not been put in place and this had the potential to place other patients in the home at risk. This was included in the Failure to Comply Notice.

6.2.6 Management arrangements

Since the last inspection there has been changes in management arrangements; RQIA were notified appropriately and updated as required. The management arrangements were discussed at length and a full update of the current situation provided. The current manager was being supported through her induction by the RI and regional manager. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

The monthly visits required to be undertaken to review the quality of the services provided have been completed throughout the outbreak by the regional manager. The reports of the completed visits were available in the home. The monthly monitoring reports completed under Regulation 29 were not effective in highlighting any shortfalls in the management of medicines, as they did not evidence the concerns identified by RQIA during this inspection. This was included in the Failure to Comply Notice.

At the meeting on 13 November 2020 it was agreed that the frequency of the monthly visits would be increased to fortnightly and that the reports will be submitted to RQIA fortnightly within five working days of completion.

7.0 Evaluation of Inspection

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led.

The outcome of this inspection concluded that robust arrangements were not in place for all aspects of medicines management, the competency with which the home was managed and the systems in place to ensure that patients were not placed at risk of harm. This has resulted in three Failure to Comply Notices and a QIP. Brooklands Healthcare Ltd must develop and implement effective processes for the safety of patients and ensure that these are sustained. A follow up inspection will be undertaken to determine if this has occurred, or if further enforcement action is necessary to drive the improvement.

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

8.0 Quality Improvement Plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Prof Fiona Cook, Manager, Ms Therese Conway, Responsible Individual and the regional manager, 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.

8.1 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 the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

8.2 Actions to be taken by the home

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 the Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall review the care planning in relation to medicines to ensure the necessary information is recorded.</p> <p>Ref: 6.1.1</p>
	<p>Response by registered person detailing the actions taken: A full review of each residents Care file is currently being undertaken with medications being incorporated into their care plans as required.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that written confirmation of the patient’s medicine regime is obtained for all admissions to the home.</p> <p>Ref: 6.1.4</p>
	<p>Response by registered person detailing the actions taken: A review of the standard operating procedure outlining the Medicines Management process for new admissions has been completed and signed off by the Regional Manager.</p>

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



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