

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

FAILURE TO COMPLY NOTICE

Name of Registered Establishment: Brooklands Healthcare Londonderry (RQIA ID: 1176)	Name of Registered Person: Brooklands Healthcare Limited Mrs Therese Elizabeth Conway (Responsible Individual)
Address of Registered Establishment: 25 Northland Road, Londonderry, BT48 7NF	
Issue Date: 17 November 2020	FTC Ref: FTC000135
Regulation not complied with: <i>The Nursing Homes Regulations (Northern Ireland) 2005</i> <i>Registered person: general requirements</i> <i>Regulation 10.—</i> <i>(1)The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.</i>	
Specific failings to comply with regulations: During the unannounced inspection undertaken on 3 and 5 November 2020 concerns were identified in relation to the overall governance arrangements and management of the home. We evidenced that the current audit process to oversee medicines management was ineffective at identifying any areas for improvement. In addition, there was a failure to recognise that patients missing one or more doses of their medicines, due to lack of supply, was notifiable as a medicine related incident to RQIA. Concerns were identified with the management of two patients who required a period of self-isolation following admission to the home. 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. 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. 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.
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.

Action required to comply with regulations:

The registered persons must ensure that:

- robust auditing systems are developed and implemented which cover all aspects of medicines management; these must be effective in identifying any deficits to be addressed and monitored through an action plan
- there is oversight of the medicines management audit from senior management in Brooklands Healthcare Ltd
- systems are in place to ensure that RQIA and other relevant persons are notified when prescribed medicines are not available for administration
- a policy is in place to ensure that the self-isolation of patients is managed in accordance with DOH guidance
- the manager must demonstrate knowledge of the policy and procedure for the self-isolation of patients
- the planned staffing for registered nurses and care staff must be consistently provided to ensure there are sufficient staff on duty to meet the needs of the patients
- the manager must escalate deficits in staffing to the responsible individual
- an audit of the incidence of restraint and/or restrictive practices is undertaken to monitor progress in reducing the use of such practices to a minimum
- reports under Regulation 29 must be submitted to RQIA fortnightly within five working days of completion.

The Registered Person may make written representations to the Chief Executive of RQIA regarding the issue of a failure to comply notice, within one month of the date of serving this notice.

Date by which compliance must be achieved: 18 January 2021



Signed..... Director of Improvement

This notice is served under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Home Regulations (Northern Ireland) (2005)

It should be noted that failure to comply with some regulations is considered to be an offence and RQIA has the power under regulations to prosecute for specified offences.

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Address of Registered Establishment: 25 Northland Road, Londonderry, BT48 7NF	
Issue Date: 17 November 2020	FTC Ref: FTC000136
Regulation not complied with: <i>The Nursing Homes Regulations (Northern Ireland) 2005</i> <i>Regulation 13.—</i> <i>(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 –</i> <i>(b) medicine which is prescribed is administered as prescribed to the patient for whom it is prescribed, and to no other patient; and</i> <i>(c) a written record is kept of the administration of any medicine to a patient.</i>	
Specific failings to comply with regulations: During an unannounced inspection on 3 November 2020 concerns were identified with the management of medicines. The findings clearly highlighted that robust arrangements were not in place to oversee and ensure that safe systems were in place and patients were receiving their medicines as prescribed. Significant concerns were raised as a third of patients were identified as having missed one or more doses of their medicines, due to these being out of stock over the last month; therefore these patients have not been receiving their prescribed care and treatment. Issues were identified in relation to the storage of medicines; not all medicines were stored in accordance with the manufacturers' instructions, three medicines were not labelled and the date of opening was not recorded on all limited shelf life medicines. Review of the medicine administration records indicated there were several instances where staff had copied the medicine codes from the previous entries, for example, one medicine, prescribed three times per week, was recorded erroneously as having been administered on six consecutive days.	

These issues also highlight that training in medicines management, staff roles and responsibilities and professional accountability is necessary.

Action required to comply with regulations:

The registered persons must ensure that:

- systems are in place so that patients have a continuous supply of their prescribed medicines
- medicines are stored in accordance with the manufacturers' instructions, all medicines are labelled appropriately and the date of opening is recorded on all limited shelf life medicines
- records of administered medicines are accurately completed
- staff receive training in the management of medicines, their roles and responsibilities and professional accountability

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Address of Registered Establishment: 25 Northland Road, Londonderry, BT48 7NF	
Issue Date: 17 November 2020	FTC Ref: FTC000137
Regulation not complied with: <i>The Nursing Homes Regulations (Northern Ireland) 2005</i> <i>Further requirements as to health and welfare</i> <i>Regulation 14.—</i> <i>(4) The registered person shall make arrangements, by training staff or by other measures, to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse.</i>	
Specific failings to comply with regulations: During the inspection on 5 November 2020 concerns were identified with the management of two patients who required a period of self-isolation following admission to the home. 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. 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. 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 has been assessed by the Western Health and Social Care Trust as requiring one to one 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. Communication and staff knowledge in relation to the management of patients' dietary needs and in particular food allergies was poor.	

A number of patients were assessed by Speech and Language Therapists (SALT) as requiring a modified diet. The International Dysphagia Diet Standardisation Initiative (IDDSI) terminology was not consistently applied and recorded to identify the texture required. All of the patients, irrespective of the level of their assessed need, were provided with the one consistency of meal. This approach to the modifying of diets is not person centred and may place patients at risk.

Records regarding the daily fluid intake for one identified patient were not accurately completed and there was no evidence that staff had checked to ensure the prescribed daily target volume had been achieved.

Action required to comply with regulations:

The registered persons must ensure that:

- Staff adhere to the policy in place to ensure that the self-isolation of patients is managed in accordance with DOH guidance
- any room used by patients during their period of self-isolation must be effectively cleaned and records maintained to evidence cleaning
- the manager and staff must receive training in accordance with their roles and responsibilities in the The Mental Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty (DOL) Safeguards emphasising attitudinal and cultural change among staff in relation to restrictive practices used in the home
- the manager and staff can demonstrate their knowledge in relation to potentially restrictive practices and the deprivation of liberty safeguards
- where restrictive practices are used there is evidence that these are proportionate, necessary and the minimum required to reduce the identified risks
- any patients assessed as requiring one to one supervision must be provided with this level of supervision in accordance with their care plan
- records must clearly evidence how the one to one supervision is managed on a day by day basis
- the relevant health and social care trust must be informed of any incidence when one to one supervision has not been provided
- the management of the hand over report at the beginning of each shift must be reviewed to ensure that staff are fully informed of patient need at the time of their admission to the home
- care records of patients assessed as requiring a modified textured diet must be reviewed and the International Dysphagia Diet Standardisation Initiative (IDDSI) terminology used to identify the texture required.
- patients must be provided with the correct texture of diet in accordance with their individual assessed need
- when a total daily fluid volume has been prescribed, systems must be in place to ensure the records are accurately maintained and checked to ensure this target volume has been achieved

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