The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Brooklands Healthcare Londonderry

Provider: Brooklands Healthcare Limited

Date of Inspection: 21 January 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Brooklands Healthcare Limited
Responsible Individual:	Mr Jarlath Conway, not registered
Registered Manager:	Miss Shauna Rooney
Service Profile: Brooklands Healthcare Londonderry is a nursing home registered to provide nursing care for up to 45 patients, including up to 12 patients with a physical disability. The home has four floors, with patients' bedrooms located on each floor. Patients have access to lounges, dining rooms and outdoor spaces.	

2.0 Inspection summary

An unannounced inspection took place on 21 January 2025, from 10.50am to 3.40pm. The inspection was completed by two pharmacist inspectors and focused on medicines management within the home.

The findings of the medicines management inspection on 15 August 2024 evidenced that safe systems were not in place for some aspects of medicines management. Areas for improvement were identified in relation to the management of insulin, medicine audits, medicine administration records and training in medicines management. The management team were given a period of time to address the issues identified. This follow-up inspection was undertaken to evidence if the necessary improvements had been implemented and sustained.

Two of the areas for improvement identified at the last care inspection, regarding the availability of monthly monitoring reports and the allergy status detailed on care records, were reviewed and assessed as met. The remainder were carried forward for review at the next care inspection.

Improvements in the systems in place for the management of medicines were observed. Medicines were stored securely. 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. However, further improvements were necessary in relation to the management of insulin.

The areas for improvement in relation to medicine audits, medicine administration records and training in medicines management, identified at the last medicines management inspection, were assessed as met. The area for improvement in relation to the management of insulin was stated for a second time and no new areas for improvement were identified. Details of the inspection findings, including areas for improvement carried forward for review at the next inspection and the area for improvement stated for a second time, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

Patients were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the patients well.

RQIA would like to thank the staff for their assistance throughout the inspection.

3.0 The inspection

3.1 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, 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 areas for improvement identified at previous inspections, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

Staff expressed satisfaction with how the home was managed and said that they had the appropriate training to look after patients and meet their needs. Staff said they had worked hard to implement and sustain improvements identified at the last medicines management inspection and had received help and support from senior management to do so. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each patient liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

3.3 Inspection findings

The management of insulin

Following the last medicines management inspection, it was evident that action had been taken to improve systems for the management of insulin.

Personal medication records matched the directions provided by the diabetes specialist nurse. Care plans were in place and insulin pen devices in use were individually labelled and the date of opening had been recorded.

However, one insulin pen device in use was marked with a date of opening that indicated continued use after expiry and an unsheathed needle was attached. It was agreed that this would be monitored closely by management. An area for improvement identified at the last inspection was stated for a second time.

Governance and audit

Following the last medicines management inspection, the management team implemented a more robust audit tool which covered all aspects of the management of medicines. There was evidence that the findings of the audits had been discussed with staff and action plans had been implemented. In addition, nurses completed audits and running balances were maintained for all medicines not supplied in the monitored dosage system. The date of opening was recorded on medicines to facilitate audit and disposal at expiry.

It was agreed that this level of audit activity would be continued in order to ensure that the improvements noted at this inspection are sustained.

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

Medicine administration records

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. Records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/review.

Staff training and competency assessment

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 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. Training had been provided for all relevant staff since the last inspection and competency assessments had been reviewed.

It was agreed that the findings of this inspection would be discussed with staff to facilitate ongoing improvement and to ensure that the improvements noted at this inspection are sustained.

Other areas reviewed

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 should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs. Staff were reminded that controlled drug cupboard keys should be stored separately from all other keys, it was agreed that this would be addressed immediately.

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 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 confirm that they were accurate.

Copies of patients' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

Staff were reminded that all incoming medicines should be recorded in records of receipt of medicines, including controlled drugs, which are also recorded in the controlled drug record books.

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 etc.

Care plans for the management of distressed reactions, pain, thickening agents, insulin and some other medicines were reviewed. Care plans contained sufficient detail to direct the required care. Medicine records were well maintained. The audits completed indicated that medicines were administered as prescribed. One care plan for the management of distressed reactions needed to be updated, the management team agreed to address this immediately. Staff were reminded that the reason for and outcome of the administration of medicines, prescribed for use on a 'when required' basis for the management of medicines, must be recorded on every occasion.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been stated for a second time where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	7*	6*

* the total number of areas for improvement includes one that has been stated for a second time and twelve which were carried forward for review at the next inspection.

The restated area for improvement and details of the Quality Improvement Plan were discussed with Miss Shauna Rooney, Registered Manager, and the governance and monitoring officer, as part of the inspection process. The timescale for completion commences from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** With immediate effect (21 January 2025)	The registered person shall ensure safe systems are in place for the management of insulin. Ref: 2.0 & 3.3
	Response by registered person detailing the actions taken: Insulin pens are now labelled with date of opening and date of expiry. A supervision has been completed with all nursing staff regarding safe management of insulin and expiry dates. This continues to be audited monthly.
Area for improvement 2 **Ref:** Regulation 16 (2) (a) **Stated:** First time **To be completed by:** 4 December 2024	The registered person shall ensure that care plans are kept up to date to ensure they are reflective of the patients' needs.
	The medicines related care plans reviewed were up to date. **However, action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this is carried forward to the next inspection.** Ref: 2.0

Area for improvement 3 **Ref:** Regulation 16 (1) **Stated:** First time **To be completed by:** 28 December 2024	The registered person shall ensure that care plans are in place for relevant medical conditions.
	The medicines related care plans reviewed were up to date. **However, action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this is carried forward to the next inspection.** Ref: 2.0
Area for improvement 4 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** 4 December 2024	The registered person shall ensure that there is a clear process for staff to follow if a patient does not consume the recommended daily fluid intake.
	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. Ref: 2.0
Area for improvement 5 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 4 December 2024	The registered person shall ensure that cleaning trolleys containing chemicals that are not securely stored are supervised at all times.
	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. Ref: 2.0
Area for improvement 6 **Ref:** Regulation 27 (4) (c) (d) (i) **Stated:** First time **To be completed by:** 4 December 2024	The registered person shall ensure that fire doors are not obstructed and/or held open.
	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. Ref: 2.0
Area for improvement 7 **Ref:** Regulation 27 (2) (t) **Stated:** First time **To be completed by:** 4 December 2024	The registered person shall ensure that a risk assessment is completed in relation to radiators to reduce the risk of scalding.
	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. Ref: 2.0

Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 4 December 2024	The registered person shall ensure that where a patient requires repositioning this is completed in accordance with their care plan and reflected within supplementary recording charts.
	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. Ref: 2.0
Area for improvement 2 **Ref:** Standard 47.3 **Stated:** First time **To be completed by:** 4 December 2024	The registered person shall ensure that footrests and lap belts are utilised when transferring patients in wheelchairs, in accordance with the patients' assessed needs.
	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. Ref: 2.0
Area for improvement 3 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 4 December 2024	The registered person shall ensure that wound care evaluation records are completed following wound care.
	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. Ref: 2.0
Area for improvement 4 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 4 December 2024	The registered person shall ensure that dates are recorded within supplementary recording charts.
	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. Ref: 2.0
Area for improvement 5 **Ref:** Standard 46.11 **Stated:** First time **To be completed by:** 4 December 2024	The registered person shall ensure that hand hygiene is a priority with the home. With specific reference to ensuring that staff are bare below the elbow.
	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. Ref: 2.0

Area for improvement 6 **Ref:** Standard 16.11 **Stated:** First time	The registered person shall ensure that records are kept of all complaints and these include details of all communications with complainants; the result of any investigations; the action taken; whether or not the complainant was satisfied with the outcome; and how this level of satisfaction was determined.
To be completed by: 4 December 2024	**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.** Ref: 2.0

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