



Unannounced Care Inspection Report

3 September 2019



Brookmount

Type of Service: Nursing Home
Address: 4 Lower Newmills Road, Coleraine, BT52 2JR
Tel No: 028 7032 9113
Inspectors: Linda Parkes and Catherine Glover

www.rqia.org.uk

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 which provides care for up to 48 patients who require nursing care.

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Shenna McCallion	Registered Manager and date registered: Elaine Allen – registration pending
Person in charge at the time of inspection: Elaine Allen	Number of registered places: 48 Category NH-LD(E) for 1 identified individual only.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 45

4.0 Inspection summary

An unannounced inspection took place on 3 September 2019 from 09.55 hours to 17.10 hours.

This inspection was undertaken by the care inspector and the pharmacist inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to staff training, adult safeguarding, risk management, communication between patients, staff and other professionals and the home's environment. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients, regarding governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

With regards to medicines management, evidence of good practice was found in relation to the standard of maintenance of the personal medication records, the management of medicines on admission and the management of pain. There were no areas for improvement identified.

Areas requiring improvement were identified regarding the safe storage of chemicals, storage of patient records and a more robust system to monitor hand hygiene practices.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Elaine Allen, manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 21 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 21 March 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

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.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 26 August to 8 September 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- five patient care records
- a sample of patient reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 31 May to 27 June 2019
- RQIA registration certificate
- personal medication records, medicine administration records, medicines requested, received and transferred/disposed
- management of medicines on admission and medication changes
- management of controlled drugs, warfarin and care planning in relation to pain, distressed reactions and thickened fluids
- medicine management audits
- storage of medicines
- stock control.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

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 previous inspections

There were no areas of improvement from the last medicines management inspection on 17 August 2017.

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 27.4 Stated: First time	The registered person shall ensure that fire doors are not wedged open in order to take adequate precautions against the risk of fire.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and observation of fire doors throughout the home evidenced that that fire doors were not wedged open. This area for improvement has been met.	
Area for improvement 2 Ref: Regulation 14 (3) Stated: First time	The registered person shall make suitable arrangements to provide a safe system for the moving and handling of patients while maintaining their dignity.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and observation of the moving and handling of two patients safely while maintaining their dignity evidenced that this area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: First time	The registered person shall ensure that the home is decorated to a standard acceptable for residents in accordance with infection control best practice.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and observation of the flooring in an identified bedroom evidenced that the flooring had been replaced. This area for improvement has been met.	

Area for improvement 2 Ref: Standard 5.8 Stated: First time	The registered person shall ensure that information regarding patients' individual care recommendations is not on view in order to protect their human rights.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and observation of notice boards and walls throughout the home evidenced that information regarding patients' individual care recommendations was not on view in order to protect their human rights. This area for improvement has been met.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 26 August to 8 September 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. The manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered. Agency staff working in the home were block booked in order to provide continuity of care for the patients. The manager advised that three full time registered nurse posts have been advertised. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Discussion with staff confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No questionnaires were returned within the timescale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Brookmount. We also sought the opinion of patients on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Three relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. No questionnaires were returned within the timescale specified.

A relative commented: "I notice more agency staff. I think they could do with more staff especially at night." The relative's comments were shared with the manager for their review and action as appropriate.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. The manager advised that moving and handling training had been arranged for staff to attend on the day of inspection.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

We reviewed accidents/incidents records from 9 April to 23 July 2019 in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted in accordance with regulation.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. It was noted that a number of bedrooms had been refurbished with new flooring. The manager advised that a refurbishment programme had commenced and was ongoing. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

Observation of two store rooms evidenced that they were unlocked and that chemicals and cleaning products could be easily accessed. This was discussed with the manager as it does not comply with Control of Substances Hazardous to Health (COSHH) legislation. An area for improvement was identified under regulation.

On inspection of the ground floor we observed an accessible store room containing patient records. This does not adhere to management of records in accordance with legislative requirements and best practice guidance. This was discussed with the manager who ensured the door was locked immediately. An area for improvement under standards was identified.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation and discussion with staff evidenced that infection prevention and control measures/best practice guidance were adhered to. We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

Management of Medicines

Satisfactory systems for the following areas of the management of medicines were observed: medicine records, the management of the medicines on admission, controlled drugs, warfarin and care planning in relation to pain, thickened fluids and distressed reactions.

The audits completed at the inspection indicated that medicines had been administered as prescribed.

The controlled drugs record book had been completed and the binding was loose meaning that some of the pages were not attached. This book should be replaced at the earliest opportunity. The manager confirmed by email that a new book had been obtained and was in use.

A small number of minor discrepancies were noted and brought to the attention of the manager who agreed to monitor through the routine audit process.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, adult safeguarding and the home’s environment. Areas of good practice were identified in relation to the standard of maintenance of the personal medication records, the management of medicines on admission and the management of pain.

Areas for improvement

Two areas for improvement were identified regarding the safe storage of chemicals and cleaning products and the secure storage of patients’ records and information.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of patients’ care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

Observation of patient repositioning charts evidenced that they were well maintained.

We reviewed the management restrictive practice. Care records were well documented and contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of alarm mats. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

We observed the serving of the lunchtime meal in the dining room on the first floor. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room was covered on transfer. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Three patients commented:

- “The food’s very tasty.”
- “Lunch is enjoyable.”
- “We get lovely food.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and communication between patients, staff and other professionals.

Areas for improvement

No areas for improvement were identified during the inspection in the effective domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff were aware of individual patients’ wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Cards and letters of compliment and thanks were displayed in the home and in the manager’s office.

During the inspection the inspector met with seven patients, small groups of patients in the dining rooms and lounges, five patients' relatives and four staff. All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Brookmount. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. No questionnaires were returned within the timescale specified.

Two patients commented:

"The girls are lovely. I've no concerns and I'm not a worrier."
 "I'm looked after well and I'm ok here."

Three patients' representatives commented:

"The staff are brilliant. Mum's well cared for. I know all the regular staff."
 "Mum's well looked after by the girls. They're more than good and spoil her. Absolutely marvellous."
 "There's good communication especially if mum's unwell."

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Discussion with patients and staff and review of the activity planner evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients.

Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. An application for registration with RQIA has been received. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered. Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding wounds, falls, care plans, and infection prevention and control (IPC) practices. It was noted in order to comply with infection prevention and control policies, procedures and best practice guidance that a robust hand washing audit requires to be maintained as the last audit had been completed a number of months before the manager commenced employment. This was discussed with the manager and an area for improvement was identified.

Discussion with the manager and review of records from 31 May to 27 June 2019 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The manager advised that staff, patient and relatives meetings were held on a regular basis. Minutes were available.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of accidents/incidents, quality improvement and maintaining good working relationships.

Areas for improvement

An area for improvement was identified to ensure that a robust hand washing audit is maintained.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Elaine Allen, 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 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.

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 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 Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that all chemicals and cleaning products are securely stored within the home to comply with Control of Substances Hazardous to Health (COSHH).</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The manager will ensure that all chemicals and cleaning products are securely stored within the home to comply with COSHH</p>
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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 37</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation and best practice standards.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The registered Manager has liaised with Property Services re. installation of keypad on identified door. In interim all staff have been reminded to ensure that relevant doors are locked at all times</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that a robust hand washing audit tool is maintained to comply with infection prevention and control policies, procedures and best practice guidance.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: A validated Hand Wash audit tool is now in use within the Home and completed on a monthly basis</p>

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



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