Brookmount
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Unannounced Care Inspection
of
Brookmount

4 and 5 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 04 January 2016 from 10.00 to 16.00 and on 05 January 2016 from 09.00 to 13.00.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 8 October 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Apex Housing Association Gerald Kelly	**Registered Manager:** Ann Bannister
Person in Charge of the Home at the Time of Inspection: Ann Bannister	**Date Manager Registered:** 19 May 2014
Categories of Care: NH-I, NH-LD (E)	**Number of Registered Places:** 48
Number of Patients Accommodated on Day of Inspection: 48	**Weekly Tariff at Time of Inspection:** £618

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with four patients, eight care staff, two nursing staff and five patient's representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- five patient care records
- staff training records
- complaints records
- regulation 29 monthly monitoring reports
- Care record audits.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

An estates inspection was undertaken on 18 August 2014. The completed QIP was returned and approved by the estates inspector. Areas to be addressed during this inspection were:

- Progress relating to the installation of self-closing devices to bedroom doors.
- Management of furniture in relation to fire retardant properties.

All of the bedroom doors had recently been fitted with self-closing devices with the aim of complying with the advice from the Northern Ireland Fire and Rescue Service. Following the installation of these devices a number of complaints were received from patients and relatives. It had been identified that the doors to eight bedrooms required to be held open to meet the individual needs of the patients accommodated in these bedrooms. It was proposed by the housing association in consultation with their fire risk assessor that as a temporary solution to wedging these eight doors open that cabin hooks would be installed upside down to facilitate easy release. Following the inspection, a meeting was held with representatives of Apex Housing and it was made clear prior to the meeting and during the meeting that RQIA would not support the installation of cabin hooks on fire doors. Apex Housing confirmed during this meeting that an alternative temporary solution involving the installation of acoustically operated hold open devices on these eight doors had been implemented. A record sheet was also being finalized to detail and record the checks that would be carried out to these acoustically operated hold open devices to ensure that they remain effective.

As a longer term solution to this issue, the housing association intend to prioritise a programme of work for the incoming financial year to install hard wired free swing self-closing devices linked to the fire detection and alarm system to all of the bedroom doors throughout the home. In the interim fire doors will not be wedged open. Apex Housing also confirmed that consultant engineers had been engaged to complete a survey of the existing fire detection and alarm system in the home to establish the extent of work required to adapt the system for the installation of the free swing self-closing devices. It is planned to complete this survey within the next few weeks.

An audit for all of the furniture in the corridor alcoves had been carried out and a contractor had been appointed to treat this furniture to achieve compliance with the ignition sources 0 and 5 fire retardant standard. This work has been scheduled to commence on 25 January 2016 and it is anticipated that it will be complete within approximately two days.

5.2 Review of Requirements and Recommendations from the Last Care Inspection on 08 October 2015.

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 20 (1) (a) **Stated:** Third and final time	The registered person must ensure that a dedicated individual to organise and co-ordinate a programme of activities and events, is appointed to ensure patients' individual needs are fully met and their quality of life in the home enhanced A record must be maintained to evidence the decision making process regarding the provision of activities and events for patients accommodated in the nursing home. This record should include the level of participation and enjoyment and the activities provided to patients who cannot or do not wish to partake in group activities.	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed that an activities co-ordinator had been employed since the previous inspection and there was evidence that activities had been provided. However, in the two weeks preceding the inspection, activities had not been provided on a daily basis. This was discussed with the registered manager, who provided assurances that Apex Housing was addressing the matter and that the recruitment of another activities coordinator was in progress. A review of the records pertaining to activities confirmed that the level of participation and enjoyment of the activities provided had been recorded up to 29 November 2015, when a new format for recording activities was implemented. The new format did not lend itself to recording the information outlined above. This was discussed with the registered manager, who confirmed that the home would revert to using the previous format. Refer to inspector comments in section 5.3.	

Requirement 2 **Ref**: Regulation 14 (4) (5) (6) **Stated:** First time	The registered person must ensure that arrangements are in place to ensure that patients are not restrained unless it is agreed by the multidisciplinary team and recorded in accordance with best practice guidance on restraint. An urgent actions record was issued.	**Met**
	Action taken as confirmed during the inspection: There was no evidence that patients' lap belts had been secured, other than when required during transit.	
Requirement 3 **Ref**: Regulation 16 (1) **Stated:** First time	The registered person must ensure that a written nursing plan is prepared, as soon as possible following admission, in consultation with the patient or patient's representative as to how the patient's needs are to be met. An urgent actions record was issued.	**Met**
	Action taken as confirmed during the inspection: A review of two recently admitted patients' care records evidenced that care plans were generally in place. Refer to section 5.3 for further comment.	
Last Care Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 19.2 **Stated:** Second time	The policy for continence should be further developed to include catheter and stoma care.	**Met**
	Action taken as confirmed during the inspection: The policy for continence had been further developed and included catheter and stoma care.	

Recommendation 2 **Ref**: Standard 36.2 & 36.4 **Stated:** Second time	All policies and procedures should be reviewed to ensure that they are subject to a three yearly review. • A policy on palliative and end of life care should be developed in line with current regional guidance, such as GAIN (2013) *Palliative Care Guidelines (2013)* and should include an out of hours protocol for accessing specialist equipment and medication. • A policy on death and dying should be developed in line with current best practice, such as DHSSPSNI (2010) Living *Matters: Dying Matters.* The policies and guidance documents listed above, should be made readily available to staff.	**Met**
	Action taken as confirmed during the inspection: The policies on palliative and end of life care and death and dying were reviewed and included all the elements of this recommendation, as listed above.	
Recommendation 3 **Ref**: Standard 44 **Stated:** Second time	It is recommended that security measures are reviewed to ensure that unauthorised access is restricted to the home, to protect patients and their valuables. This relates to the front door which is not closing fully.	**Met**
	Action taken as confirmed during the inspection: The front door was observed to be closing securely and there had been no further complaints regarding this matter.	

5.3 Additional Areas Examined

Activities

As previously discussed in section 5.2, there was evidence that Brookmount had recruited an activities co-ordinator and activities had been provided on a regular basis from 05 November 2015 to 18 December 2015. RQIA were satisfied on this occasion that the registered manager was proactively managing the provision of activities, but RQIA will continue to monitor the quality of record keeping during subsequent inspections.

Care records

A review of the admission checklist did not provide sufficient detail, to ensure that care plans continued to be developed, following the initial five-day post admission period. This was discussed with the registered manager who agreed to further develop the admission tool.

As previously discussed in section 5.2, the review of five patients care records evidenced that care plans were generally in place/updated on a regular basis. However, the process of auditing care records was discussed with the registered manager who advised that that five care records are audited on a monthly basis. Four care record audits were reviewed. The record audits did not provide sufficient detail regarding the specific assessments and care plans that were audited. There was also no collective evidence that where deficits were identified, follow up action had been taken by the named nurse, to ensure that shortcomings were addressed. Advice was given regarding improvements required in the audit tool. A recommendation was made to address this.

Patients, patient' representative and staff comments

All comments received were in general positive. Some comments received are detailed below:

Patients

'It's fine. I am safe here'
'You'll find nothing wrong here'
'The (staff) are kind and they will talk to you. I miss the spiritual side of things'
'They are very friendly here'

Patients' representatives

'I have no concerns at all'
'I have nothing to complain about. The (staff) are great'
'Everything is good enough'
'It is very good now'
'I have no concerns'

Staff

'I have no concerns'
'I love it here. Sometimes it is hard with having to work with agency staff'
'This is the best home I have ever worked in'
'I have no concerns. The patients' needs are always met'
'I love my job'

However, four staff members expressed concern regarding the high dependency level of patients, stating that the majority of patients required the assistance of two staff members. This proved difficult for staff due to the odd numbers of staff deployed to work on both floors.

Staff had also reported instances of care staff transferring patients who required the use of a hoist, single-handedly. Staff gave examples of how they felt that they rushed through their work and that sometimes they did not have the time to listen to or talk to the patients. One staff member also stated that they forfeited their break, to ensure that a particular patient could be brought for a walk. One staff nurse consulted also stated that the only time they had to speak to patients, was when they were administering medication. This was discussed with the registered manager, who agreed that the current staffing arrangements were putting staff under pressure. The absenteeism level from April to September 2015 was 5.39 percent and there was evidence that this was being addressed. A staff requisition form was reviewed and there was evidence that the registered manager had taken staff views, patients' dependency levels and the layout of the building into account and had requested additional care staff. A recommendation was made to address this.

Environment

A general tour of the home was undertaken which included review of a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout.

Areas for Improvement

A system of robust auditing should be implemented, to ensure that care records meet regulatory and professional standards. Traceability of the identified records and follow up on identified areas should be evident.

The registered manager should evidently review the staffing levels in the home, taking into account the dependency levels of patients, the deployment of staff and the layout of the building.

Number of Requirements:	**0**	**Number of Recommendations:**	**2**

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Recommendations	
Recommendation 1 **Ref**: Standard 35.3 **Stated:** First time **To be Completed by:** 02 March 2016	A system of robust auditing should be implemented, to ensure that care records meet regulatory and professional standards. Traceability of the identified records and follow up on identified areas should be evident. **Ref: Section 5.3** **Response by Registered Person(s) Detailing the Actions Taken:** A new Care Plan audit tool has been developed and has now been implemented and incorperated into the home's monthly audits
Recommendation 2 **Ref**: Standard 41.1 **Stated:** First time **To be Completed by:** 02 March 2016	The registered manager should evidently review the staffing levels in the home, taking into account the dependency levels of patients, the deployment of staff and the layout of the building. **Ref: Section 5.3** **Response by Registered Person(s) Detailing the Actions Taken:** Staffing levels in the home will continue to be monitered taking into account the dependancy levels of patients, the deployment of staff and the layout of the building. A staff requisition for additional staff care hours has been forwarded to personnel for consideration.

Registered Manager Completing QIP	Ann Bannister	**Date Completed**	16/02/16
Registered Person Approving QIP	Muriel Sands	**Date Approved**	16/02/16
RQIA Inspector Assessing Response	Aveen Donnelly	**Date Approved**	22/02/2016

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address