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BT52 2JR

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Unannounced Care Inspection
of
Brookmount

08 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 08 October 2015 from 09.50 to 15.00.

On the day of the inspection, areas for improvement and matters of concern were identified and are required to be addressed to ensure that care in the home is safe, effective and compassionate. These areas are set out in the Quality Improvement Plan (QIP) within this report. Please refer to section 1.2 below.

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 21 May 2015.

1.2 Actions/Enforcement Resulting from this Inspection

An urgent action record was issued regarding uncompleted care plans for one identified patient and in relation to restrictive practices in general. The urgent actions record was issued to Ann Bannister, registered manager at the end of the inspection. These actions are required to be addressed, without delay, to ensure the safety and wellbeing of patients in the home.

On 09 October 2015, the registered manager confirmed to RQIA by email that the care plans for the identified patients were in place. An action plan to address the identified deficits was also submitted.

Following a review of the action plan, RQIA requested that the action plan be revised in relation to timescales for completion. RQIA can confirm that the revised action plan was received on 19 October 2015.

Enforcement action did not result from the findings of this inspection. However, the inspection findings were discussed with senior management in RQIA. It was agreed that the matters of concern would be communicated in correspondence to the regional manager for follow up as a matter of priority. Please also refer to sections 5.2 and 5.3 of this report.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	3

The total number of requirements and recommendations above includes both new and those that have been ‘restated’.

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 – responsible individual	**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, five care staff, two nursing staff and four 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 monitoring reports
- policies for communication and end of life care
- policies for dying and death and palliative and end of life care.

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 were:

- management of fire doors
- management of furniture in relation to fire retardant properties

During the inspection the registered manager confirmed that there were plans in place to review the recently installed self-closing devices on the bedroom doors, in response to a number of complaints received from patients and relatives. The registered manager also confirmed that new furniture had been ordered and was due to be delivered. This feedback was forwarded to the estates inspector following the inspection.

5.2 Review of Requirements and Recommendations from the Last Care inspection on 21 May 2015.

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 15 (2)(a)&(b) **Stated:** Second time	The registered person must ensure that bowel function, reflective of the Bristol Stool Chart should be recorded on admission as a baseline measurement and thereafter in patients' care plans and daily progress records.	**Met**
	Action taken as confirmed during the inspection: Three patients care records were reviewed. There was evidence that the Bristol Stool Chart was recorded on the patients' care plans and in the daily progress records.	
Requirement 2 **Ref**: Regulation 20(1)(a) **Stated:** Second 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.	**Not Met**
	Action taken as confirmed during the inspection: There was no dedicated individual appointed to co-ordinate a programme of activities in the home and there was no evidence that records had been maintained on the activities that were provided. This requirement was not met. Following discussion with RQIA's management team this requirement has been stated for the third and final time. Inspection findings regarding activities are further discussed in section 5.3.	

Requirement 3 **Ref**: Regulation 12 (4)(a)(b) **Stated:** Second time	The registered person must review the serving of meals to ensure that: • meals are served in a timely manner to meet patients' needs • meals are served at a temperature which is in accordance with the nutritional guidelines • staff provide appropriate supervision to patients during mealtimes The deployment of staff at mealtimes and issues in relation to respect and dignity, when assisting patients to eat, must be included in this review.	**Met**
	Action taken as confirmed during the inspection: The serving of the mid-day meal was observed. Meals were served in a timely manner and patients with assisted according to their need.	
Requirement 4 **Ref**: Regulation 13 (1)(b) **Stated:** First time	The registered persons must ensure that patients' weights are monitored on a regular basis and appropriate action taken when significant decreases/increases are identified.	**Met**
	Action taken as confirmed during the inspection: A review of patient care records evidenced that patients' weights were monitored on a regular basis. Significant weight losses/increases were reported to the registered manager. A review of a weights audit confirmed that patients' weights had been monitored appropriately by the registered manager.	
Requirement 5 **Ref**: Regulation 30 **Stated:** First time	The registered person must ensure that a notifiable events form is submitted to RQIA when staff levels fall below appropriate levels.	**Met**
	Action taken as confirmed during the inspection: RQIA were informed when staffing levels fell below appropriate levels. The current processes for notifiable incidents were clarified with the registered manager.	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 19.2 **Stated:** First time	The policy for continence should be further developed to include catheter and stoma care. The following guidelines should be made available to staff and used on a daily basis: • British Geriatrics Society Continence Care in Residential and Nursing Homes • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence	**Partially Met**
	Action taken as confirmed during the inspection: The guidelines listed above were available to staff. However, the policy for continence had not been updated. This was discussed with the registered manager who stated that the continence link nurse was in the process of updating the policy. This recommendation was not met and has been stated for the second time.	
Recommendation 2 **Ref**: Standard 17.6, 17.10 & 17.16 **Stated:** Second time	The registered manager should record the outcome of all complaints. A process should be developed, to ascertain and record the complainant's satisfaction with actions taken. Information should also be provided to complainants with regards to their rights if they remain dissatisfied with the outcome of the complaints procedure.	**Met**
	Action taken as confirmed during the inspection: A review of the records pertaining to complaints evidenced that complaints were being managed appropriately.	

<table>
<tr><td rowspan="2">Recommendation 3

Ref: Standard 36.2 & 36.4

Stated: First time</td><td>All policies and procedures should be reviewed to ensure that they are subject to a three yearly review.

• A policy on communicating effectively should be developed in line with current best practice, such as DHSSPSNI (2003) Breaking Bad News.
• 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.</td><td rowspan="2">Partially Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
A policy on breaking bad news had been developed, in line with current best practice guidelines. This element of the recommendation had been met.

The policies on palliative and end of life care; death and dying; and pain management had not been updated. These elements of the recommendation were not fully met and have been stated for the second time.</td></tr>
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Recommendation 4 **Ref**: Standard 4.1 & 4.5 **Stated:** First time	It is recommended that registered nurses develop care plans, as relevant, on patients requiring end of life care. Care plans should include patients' and or their representatives': • Communication needs and wishes • Cultural, spiritual and religious preferences • Environmental considerations.	**Met**
	Action taken as confirmed during the inspection: Two patient care records were reviewed. Care plans for end of life care were in place and included the patients' communication needs and wishes, including their cultural, spiritual and religious preferences, as appropriate.	
Recommendation 5 **Ref**: Standard 17.6, 17.10 & 17.16 **Stated:** First time	It is recommended that Abbey pain scales are used to assess patients' level of pain, as appropriate and this should be reflected in the care plan. This specifically refers to patients who require transdermal pain relief.	**Met**
	Action taken as confirmed during the inspection: Two patients care records were reviewed. There was evidence that Abbey pain scales were in place and were reviewed on a regular basis.	
Recommendation 6 **Ref**: Standard 35.7 **Stated:** First time	It is recommended that the registered persons includes in the regulation 29 monitoring report, comments made by patients about the quality of the service provided and any actions taken by the registered manager. This specifically relates to negative comments expressed by patients about staff attitudes.	**Met**
	Action taken as confirmed during the inspection: The Regulation 29 monitoring reports were reviewed. There was evidence that the person responsible for conducting the visit, included comments made by patients and all the comments were identified as being generally positive.	

Recommendation 7 **Ref**: Standard 39.4 **Stated:** First time	It is recommended that the registered manager review the training needs of individual staff, in order to promote positive relations between patients and staff. This specifically relates to negative comments expressed by patients about staff attitudes.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of the minutes of staff meetings confirmed that staff were spoken with, regarding negative comments expressed by patients during the last inspection. A review of the complaints records evidenced that there were no further complaints in relation to staff attitude. There was also evidence that this was being monitored by management within the Regulation 29 monitoring report. The registered manager provided assurance that this would continue to be monitored and that training in challenging behaviour would be provided to staff, as appropriate.	
Recommendation 8 **Ref**: Standard 41 **Stated:** First time	It is recommended that the provisions of laundry hours are reviewed, to ensure that there is continuity of service, when staff is on annual leave.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that the provision of laundry hours had been reviewed and that efforts had been made to ensure continuity of service during periods of annual leave. A review of the complaints records evidenced that there were no further complaints made in regards to laundry.	
Recommendation 9 **Ref**: Standard 46.2 **Stated:** First time	It is recommended that dispensers are provided in identified areas for personal protective equipment such as gloves.	**Met**
	Action taken as confirmed during the inspection: A tour of the home evidenced that there were sufficient numbers of dispensers in place, for the storage of personal protective equipment.	

Recommendation 10 **Ref**: Standard 44 **Stated:** First 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.	**Not Met**
	Action taken as confirmed during the inspection: Observations and discussion with one patient's representative evidenced that the front door was not secure, despite a notice being present, for users to make sure that the door was securely closed.	

5.3 Additional Areas Examined

Provision of activities

There was a list of planned activities displayed on a notice board on each floor. The list had not been updated from the previous week. The activities included activities such as hairdressing and nail care, which are aspects of personal care and not activities as such. There were no other activities provided on the day of the inspection.

Discussion with the registered manager confirmed that activities were provided by care staff.

However, observation of care practice evidenced that there was little interaction between staff and patients that did not focus on the task being carried out. For example staff spoke with patients when offering meals or assisting them to mobilise, but did not engage patients in discussion.

The registered manager confirmed that there had been plans in place to recruit an individual to provide 12 hours of activities. However plans to commence this were on hold, as the home was in the process of involving volunteers that would provide activities to the home on a seven day basis.

There was no dedicated individual assigned to carry out activities in the home. A review of the regulatory recommendations and requirements in relation to activities evidenced that a recommendation was first made regarding activities on 03 December 2013. This recommendation was not met resulting in a requirement being made on 27 January 2015 and again on 21 May 2015. It was disappointing that this requirement had not been addressed. As previously discussed, a requirement was made and has been stated for the third and final time.

As discussed in section 1.2, the inspection findings were discussed with senior management in RQIA. It was agreed that the matters of concern would be communicated in correspondence to the regional manager for follow up as a matter of priority.

Health and welfare of patients

Six patients were observed seated in specialised chairs with lap belts fastened around their upper bodies. This was brought to the attention of the registered manager as a matter of urgency because of the potential risk of injury. One care assistant stated that two patients requested to have the lap belts fastened for their own sense of security and that other patients had lap belts fastened to prevent them falling out of their chairs. Following the inspector's intervention staff did attend to the lap belt of one patient. However, the lap belts of three other patients were observed in the same position later in the inspection. This was again brought to the attention of management to be addressed urgently.

Discussion with the registered manager confirmed that there were no consent forms in place for any of the six patients in regard to the use of lap belts. A review of care records identified that the care plans for the two patients who requested the use of a lap belt had this information included. However, there was no evidence of multi-disciplinary consultation in the decision making processes in relation to the use of lap straps and there were no records available to record the frequency of release and repositioning of the restraints.

The use and management of lap straps was concerning given the impact it could have on the patients' safety and was discussed in detail with the registered manager, who stated that training would be provided.

An urgent actions record was issued at time of inspection in regard to the matters outlined above. A requirement has also been made to ensure that patients are not restrained unless as a last resort and as agreed by the multi-disciplinary team and that the management of restraint is recorded in accordance with best practice guidance.

Care Records

A review of two patient care records evidenced that care plans were not developed in a timely manner. For example, one patient did not have care plans in place 22 days after admission. This was concerning because the patient was assessed as being high risk on both the falls and Braden assessment tools, respectively. However, there was no corresponding care plans to address falls prevention or prevention of pressure sores.

An urgent action requirement regarding the completion of patient care plans was issued to the registered manager at the conclusion of the inspection. A requirement has also been made. On 09 October 2015, the registered manager confirmed to RQIA by email that the care plans for the identified patients were in place.

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.

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, Ann Bannister, 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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref:** Regulation 20 (1) (a) **Stated:** Third and final time **To be Completed by:** 05 December 2015	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. **Ref: Section 5.2**
	Response by Registered Person(s) Detailing the Actions Taken: A dedicated individual has been appointed to organise and co-ordinate a programme of activities and events and to ensure the patients quality of life is enhanced A record is being maintained to evidence the decision making process. A Key to Me an Epicare assessment tool which evidences personal preference and likes and dislikes in respect of participation in activities is used. The record also evidences the level of participation and enjoyment and the activity provided to patients who cannot /do not wish to participate in group activities. See attachment 1.
Requirement 2 **Ref:** Regulation 14 (4) (5) (6) **Stated:** First time **To be Completed by:** 05 December 2015	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. **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: All residents who require to be restrained for periods of time have a record of concent signed by resident/next of kin and multidisciplinary team

Requirement 3 **Ref:** Regulation 16 (1) **Stated:** First time **To be Completed by:** 05 December 2015	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. **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: On the day of inspection five care plans were developed for the patient in question. Two care plans were outstanding. Pain management and elimination have since been added. A resident checklist has been developed to ensure that no care plans are overlooked and any care plans outstanding are developed by the nurse in charge of a shift within agreed timescale (5 days)
Recommendations	
Recommendation 1 **Ref**: Standard 19.2 **Stated:** Second time **To be Completed by:** 05 December 2015	The policy for continence should be further developed to include catheter and stoma care. **Ref: Section 5.2**
	Response by Registered Person(s) Detailing the Actions Taken: A policy on Continence has been developed to include catheter and stoma care

Recommendation 2 **Ref**: Standard 36.2 & 36.4 **Stated:** Second time **To be Completed by:** 05 December 2015	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. **Ref: Section 5.2**
	Response by Registered Person(s) Detailing the Actions Taken: A policy on Palliative and End of Life Care has been developed in line with current regulatory guidelines such as Gain Palliative Care Guidelines (2013) and includes out of hours protocol for accessing specialist equipment and medication. A policy on Death and Dying has been developed in line with current best practice, such as DHSSPSNI(2010) Living Matters Dying Matters All policies which have been developed and guidance doucements are available for all relavent staff as a resource All policies were shared with nurses at a staff meeting on Monday 23rd November
Recommendation 3 **Ref**: Standard 44 **Stated:** Second time **To be Completed by:** 05 December 2015	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. **Ref: Section 5.2**
	Response by Registered Person(s) Detailing the Actions Taken: The security measures have been reviewed and the front door is closing fully.

Registered Manager Completing QIP	Ann Bannister	**Date Completed**	30/11/15
Registered Person Approving QIP	Muriel Sands	**Date Approved**	3/12/15
RQIA Inspector Assessing Response	Aveen Donnelly	**Date Approved**	10/12/2015

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