

Unannounced Care Inspection Report 10 December 2020



Brookmount

Type of Service: Nursing Home (NH)
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Inspector: Mandy Ellis

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 nursing home registered to provide nursing care for up to 48 persons.

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual(s): Sheena McCallion	Registered Manager and date registered: Elaine Allen 2 July 2020
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: 37

4.0 Inspection summary

An unannounced inspection took place on 10 December 2020 from 10.15 to 17.25 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- environment
- care delivery
- governance and management arrangements

The findings of this report will provide Brookmount 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	2	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Elaine Allen, manager and Ann Bannister, senior nurse, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with eight patients, nine staff and one relative. Questionnaires were also left in the home to obtain feedback from patients and their relatives/representatives. Ten questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

We provided the manager with 'Tell us cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No completed questionnaires or responses to the staff survey were returned within the indicated timeframe.

The following records were examined during the inspection:

- the duty rota from 30 November 2020 to 13 December 2020
- the home's registration certificate
- three patients' care records
- four patients' supplementary care charts in regard to repositioning
- the fire risk assessment
- a sample of governance audits/records
- a sample of monthly monitoring reports.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 21 January 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46.2 Stated: First time	The registered person shall ensure that pull cords located throughout the home are appropriately covered to ensure effective cleaning can take place to ensure compliance with best practice in infection prevention and control.	Met
	Action taken as confirmed during the inspection: A review of pull cords evidenced they were appropriately covered.	
Area for improvement 2 Ref: Standard 44.8 Stated: First time	The registered person shall ensure that the following actions are taken to promote patient safety: <ul style="list-style-type: none"> • Replacement of a damaged shower chair. • Replacement of a faulty raised toilet seat. • Damaged light switches are replaced. 	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced the actions detailed above had been appropriately actioned.	
Area for improvement 3 Ref: Standard 47 Stated: First time	The registered person shall ensure that sluice rooms remain locked at all times.	Met
	Action taken as confirmed during the inspection: All sluice rooms on the day of inspection were locked.	

6.2 Inspection findings

6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home. We were advised that staff had a temperature and symptom check upon arrival to work; a record of this was maintained.

On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were being met in a prompt and timely manner. The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. We reviewed the duty rotas for the period 30 November 2020 to 13 December 2020. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Staff spoken with told us that there was a good sense of teamwork in the home and that they enjoyed coming to work. They also told us that they felt supported by the manager.

Comments made by staff included:

- "I love it here."
- "I love working with the patients."
- "It's a good home."
- "It's homely here."

6.2.2 Personal Protective Equipment

Care staff were observed to use PPE appropriately and were observed to carry out hand hygiene at appropriate times during our visit. PPE stations were well stocked throughout the home and the home had an adequate supply of PPE. Vinyl gloves were observed in the PPE stations and in use by staff when delivering care to patients. Vinyl gloves are not recommended and are less effective in the clinical setting than other latex type gloves. This was discussed with the manager for appropriate action. An area for improvement was made.

6.2.3 Infection Prevention and Control and the Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluice rooms and storage areas. In many areas of the home the décor, paint and items of furniture was observed to be tired and in need of updating and refurbishment. This was discussed with the manager who shared a refurbishment plan for the home with us. Unfortunately, due to the Coronavirus pandemic restrictions progression of the planned work has been slow.

We found corridors and fire exits to be clear and unobstructed and the home was clean, tidy and fresh smelling throughout.

The patients' bedrooms which were viewed appeared clean, warm and had been personalised with items that were meaningful to individual patients.

Some deficits were noted in regard to the cleanliness of the environment. The underside of hand sanitiser units, soap dispenser units and shower chairs required a more thorough clean. These shortfalls were discussed with the manager and an area for improvement was identified.

We observed thickening agents in unlocked cupboards in both the upstairs and downstairs dining rooms; thickening agents should be kept secured when not in use; an area for improvement was made.

Measures had been put in place to maintain social distancing for patients where possible. Seating in the lounge and dining rooms had been arranged in such a way as to allow adequate social distancing.

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff were seen to treat patients with respect and to talk to them in a friendly and pleasant manner. Patients spoken with commented positively about the care they received; they told us:

- “We are well looked after.”
- “It’s ok in here.”
- “I can’t say a bad word.”
- “I love it here.”
- “I have no complaints.”

We observed the serving of lunch in the dining room and found this to be a pleasant and unhurried experience for the patients. The dining room was clean and tidy. The daily menu was displayed; we observed that the food provided was well presented and smelled appetising. The staff were helpful and attentive. Not all staff were observed to wear the appropriate PPE when serving food. In addition, food that was being served to patients in their bedrooms was not covered. The dining room observation was discussed with the manager and an area for improvement was identified.

Review of three patients’ care records evidenced individualised care plans were in place to direct the care required and reflected the assessed needs of patients. Risk assessments reviewed were up to date and appropriate to the patients’ needs.

Four supplementary care records were reviewed in relation to repositioning. A review of the repositioning records evidenced consistent delivery of pressure relieving care to the patient. However, a review of the pressure relieving mattress and mattress setting in the identified patients’ bedrooms did not correlate with the care prescribed in the patients’ pressure relieving care plan. An area for improvement was identified.

6.2.5 Governance and management arrangements

Following review of a sample of governance audits, it was evident that the manager maintained a good level of oversight in the home. Audits reviewed included hand hygiene, wound care, falls, care documentation and infection control audits. These audits included the development of action plans to address identified deficits as necessary.

There was a system in place to monitor staff compliance with mandatory training and to indicate what training was due.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body on a regular basis. The records reviewed were up to date.

A review of accident and incident records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Review of the record of complaints evidenced that there were systems in place to manage complaints and expressions of dissatisfaction were taken seriously and managed appropriately.

An up to date fire risk assessment was available in the home.

While a review of records evidenced that Regulation 29 monthly monitoring reports were available, it was observed that these had been completed remotely via telephone rather than by means of an onsite visit, the last such visit having been conducted in February 2020. It was also noted that the reports viewed did not evidence consultation with patients, staff or relatives; this was discussed with the manager who was unable to provide a rationale for this.

While RQIA recognises the potential impact of the current coronavirus pandemic in relation to the manner in which Regulation 29 visits are conducted, the importance of effectively consulting with patients, staff and other stakeholders, as part of ongoing visits (either remotely or on site) was stressed; such consultation is particularly crucial given the challenges arising from COVID-19 and its potential impact on the quality of life for patients. It was therefore agreed during and after the inspection that the manager would discuss this matter with the responsible person and that Regulation 29 reports for the service would now be submitted to RQIA on a monthly basis, no more than 3 days following their completion, until further notice.

Areas of good practice

Areas of good practice were identified in relation to care delivery, staff interaction with patients and governance audits.

Areas for improvement

Four new areas for improvement were identified in regard to infection prevention and control, the storage of thickening agents, the dining experience and pressure relieving mattresses.

	Regulations	Standards
Total number of areas for improvement	2	2

6.3 Conclusion

On the day of the inspection we observed that patients appeared comfortable, and that staff treated them with kindness and compassion. Staff promptly responded to patients' individual needs.

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 and Ann Bannister, senior nurse, 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 further 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	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: 10 January 2021	<p>The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the following:</p> <ul style="list-style-type: none"> • the use of vinyl gloves for direct patient care • the cleanliness of the underside of soap dispenser units • the cleanliness of the underside of hand sanitiser units • the cleanliness of shower chairs <p>Ref: 6.2.2 and 6.2.3</p>
	<p>Response by registered person detailing the actions taken: The Infection prevention and control issues identified by the Inspector have all now been addressed</p>
Area for improvement 2 Ref: Regulation 13 (4) (a) Stated: First time To be completed by: with immediate effect	<p>The registered person shall ensure thickening agents are securely stored when not in use.</p> <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken: The Home Manager has now undertaken supervision with all staff and reinforced the need for all thickening agents to be stored in locked cupboard when not in use</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: with immediate effect	<p>The registered person shall review the dining experience for patients to ensure:</p> <ul style="list-style-type: none"> • all staff wear appropriate PPE while serving food to patients • food leaving the dining room is appropriately covered. <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: The Home Manager has undertaken supervision with all kitchen staff to emphasize the need for all food leaving the Dining room to be appropriately covered. Additional covers have been purchased</p>

<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regard to those patients who are assessed as requiring a pressure relieving mattress:</p> <ul style="list-style-type: none"> • The type of mattress in use must reflect the patients assessed need. • The mattress should be set correctly to meet the assessed need of the patient. • The type of mattress and correct setting must be documented correctly on the patients repositioning chart and care plan. <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: All mattresses have been reviewed and Care Plans and Risk Assessments updated. Mattresses are checked twice daily to ensure that they are at correct setting and this is identified in repositioning charts</p>

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



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