

Inspection Report

13 April 2022



Brookmount

Type of Service: Nursing Home
Address: 4 Lower Newmills Road, Coleraine,
BT52 2JR
Telephone Number: 028 7032 9113

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Miss Sheena McCallion	Registered Manager: Mrs Elaine Allen Date registered: 2 July 2020
Person in charge at the time of inspection: Mrs Elaine Allen	Number of registered places: 48 Category NH-LD(E) for one identified individual only.
Categories of care: Nursing Home (NH) LD(E) – Learning disability – over 65 years. I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 24
Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides nursing care for up to 48 patients. The home is divided into two units, one on the ground floor and one on the first floor. Patient bedrooms are located over the two floors.	

2.0 Inspection summary

An unannounced inspection took place on 13 April 2022, from 10.40 am to 5.15 pm by a care 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.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the Manager.

Two new areas requiring improvement were identified in regard to the secure storage of thickening agents and falls management specifically in relation to the recording of neurological observations. Three areas requiring improvement assessed as not met and are stated for a second time.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Elaine Allen, Manager at the conclusion of the inspection.

4.0 What people told us about the service

Two patients and six staff were spoken with individually and others in small groups. No questionnaires were returned and we received no feedback from the staff online survey within the allocated timeframe.

Patients spoken with on an individual basis told us that they were happy with their care and with the services provided to them in Brookmount. Patients described the staff as "lovely" and "very good."

Staff told us that they enjoyed working in the home and described good teamwork amongst their colleagues.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 6 December 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (4)(c) Stated: First time	The registered person shall ensure that all corridors are kept clear and unobstructed at all times.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced this area for improvement has been met.	
Area for Improvement 2 Ref: Regulation 12 (1) (a) Stated: First time	The registered person shall ensure the following in regards to the repositioning of patients: <ul style="list-style-type: none"> • That patients are repositioned in keeping with their prescribed care • That repositioning records are accurately and comprehensively maintained at all times. 	Met
	Action taken as confirmed during the inspection: A review of care records evidenced this area for improvement has been met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient.</p> <ul style="list-style-type: none"> • The frequency of dressing change should reflect the assessed need of the wound • Any change in the wound should be accurately documented and appropriate care documentation updated to reflect the change. <p>Action taken as confirmed during the inspection:</p> <p>A review of wound care records evidenced gaps in the prescribed wound care and one identified wound did not have a care plan.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (2)(b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure patients' risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of care records identified gaps in the consistent regular review of patient risk assessments.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>	<p>Not met</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 4 Stated: Second time	The registered person shall ensure the following in regard to those patients who are assessed as requiring a pressure relieving mattress: <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. 	Met
	Action taken as confirmed during the inspection: A review of care records and mattress settings evidenced this area for improvement has been met.	
Area for improvement 2 Ref: Standard 41 Stated: First time	The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance; and does not evidence the use of white sticky labels.	Met
	Action taken as confirmed during the inspection: Review of the duty rota evidenced this area for improvement has been met.	
Area for improvement 3 Ref: Standard 41.7 Stated: First time	The registered person shall ensure registered nurses competency and capability assessments are up to date and regularly reviewed.	Met
	Action taken as confirmed during the inspection: Review of competency and capability assessments confirmed they were up to date. This area for improvement has been met.	

<p>Area for improvement 4</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p>	<p>The responsible person shall ensure that staff use PPE appropriately at all times in order to assure compliance with best practice guidelines in infection prevention and control measures.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of staff practice confirmed compliance with best practice guidance in the use of PPE. This area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>The registered person shall ensure a programme of activities is developed following discussion with the patients. Arrangements for the provision of activities should be in place in the absence of an activity co-ordinator. Activities must be an integral part of the care process with daily progress notes reflecting activity provision.</p> <hr/> <p>Action taken as confirmed during the inspection: An activity member of staff has been recruited since the past inspection and is settling into their post. This area for improvement has been met.</p>	<p>Met</p>

<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust system of audits is maintained to promote and make proper provision for the nursing, health and welfare of patients.</p> <p>Such governance audits shall be completed in accordance with legislative requirements, minimum standards and best practice.</p> <p>The completed audits should evidence review and oversight by the registered manager.</p> <p>This includes but is not limited to:</p> <ul style="list-style-type: none"> • Accident and incident audits • Infection Prevention and Control audits • Falls audits • Wound audits • Care plan audits. <p>Action taken as confirmed during the inspection:</p> <p>Review of governance audits did not consistency evidence the home managers oversight. Action planning and analysis was not seen consistently in all the audits reviewed.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>	<p>Not met</p>
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5.2 Inspection findings

5.2.1 Staffing Arrangements

The Manager advised there was a robust system in place in relation to the selection and recruitment of staff, staff recruitment records were not reviewed on inspection as they are not kept onsite in Brookmount. The Manager is able to review a spreadsheet which evidences dates required information has been received. There was evidence staff were provided with an induction programme relevant to their department and to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. The Manager had good oversight of staff compliance with the required training.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the Manager on a monthly basis.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Patient care records were well maintained which reflected the needs of the patients. Staff members were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly. The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and these included any advice or recommendations made by other healthcare professionals such as the Speech and Language Therapist (SALT) or the Occupational Therapist (OT).

Care plans were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. Informative and meaningful daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded. However; review of patient risk assessments still evidenced gaps in their consistent regular review, an area for improvement was stated for a second time.

Wound care records for two patients evidenced gaps in the recording of the wound care provided, care planning and in the completion of wound observation charts. The identified deficits were discussed with the Manager and an area for improvement was not met and is stated for a second time.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rail and alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Mattress settings were observed correct and care plans accurately reflected the assessed needs of the patient in regard to this aspect of care delivery.

Examination of records and discussion with the Manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. However, when the patients were commenced on neurological observations for unwitnessed falls it was observed that these were not completed for the recommended timeframe. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of patients to socialise; the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The chef was observed in the dining room engaging with the patient ensuring they enjoyed their meal.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

Thickening agents was observed in a dresser in the upstairs dining room; thickening agents should be kept secured when not in use; an area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. The valid fire risk assessment available for review and was dated 17 January 2022.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control measures and the use of PPE had been provided.

Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the Manager and records were kept.

Visiting arrangements were managed in line with the Department of Health and IPC guidance.

5.2.4 Quality of Life for Patients

Discussion with patients and staff confirmed that they were able to choose how they spent their day. Patients could remain in their bedroom or go to the communal lounges when they wished.

A new activity staff member has been employed since the last inspection. The activity staff member has the responsibility in the planning and implementation of social activities for patients in the home. Activities included singing, reminiscence, arts and crafts, games and exercises. The activity coordinator maintained accurate records which reflected patient involvement in activities.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in the management arrangements. Mrs Elaine Allen has been the Registered Manager of the home since 2 July 2020. Discussion with the Manager and staff confirmed that there were good working relationships between staff and management.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Audits were reviewed for the various aspects of care and services provided by the home. Although governance audits were being done there were a number of deficits noted; for example; some audits had not been signed by the auditor, there was no evidence in some audits that the identified deficits were brought forward to an action plan and addressed. The falls audit was lacking analysis of the findings and a number of audits did not evidence oversight by the home manager. This was discussed with the Manager and an area for improvement was stated for a second time.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Discussion with the Manager in regard to complaints management established that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff commented positively about the Manager and said she was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept well informed.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	4*	1*

* the total number of areas for improvement includes two areas under regulation and one area under the standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Elaine Allen, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 12 (1) (a) Stated: Second time To be completed by: 30 April 2022	<p>The registered person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient.</p> <ul style="list-style-type: none"> • The frequency of dressing change should reflect the assessed need of the wound • Any change in the wound should be accurately documented and appropriate care documentation updated to reflect the change. <p>Ref: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>.</p> <p>The Home Manager and Senior Nurses have reviewed all wound care plans. All Nursing staff have been reminded of the necessity to complete documentation within agreed timescales. Audit of wounds continue on a monthly basis.</p>
Area for improvement 2 Ref: Regulation 16 (2)(b) Stated: Second time To be completed by: 30 April 2022	<p>The registered person shall ensure patients' risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Home Manager and Senior Nurses will ensure that risk assessments are kept up to date, accurately reflect the assessed needs of the residents and are reviewed within agreed timescales</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance:</p> <p>This specifically relates to:</p> <ul style="list-style-type: none"> • The consistent recording of neurological observations • If observations are stopped before the recommended timeframe a clear rationale must be recorded. <p>Ref: 5.2.2</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: The Home Manager/Senior Nurses will ensure that all unwitnessed falls are managed in line with best practice guidance Paper copies of CNS observation charts are now in use within the home Guidance around recording of CNS obs has been issued to all Nursing staff. The Home Manager and Senior Nurses will monitor compliance with the guidance</p> <p>Response by registered person detailing the actions taken: All relevant staff have again been reminded of the necessity to ensure thickening agents are stored securely in a locked cupboard.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 35 Stated: Second time To be completed by: 31 May 2022	<p>The registered person shall ensure that a robust system of audits is maintained to promote and make proper provision for the nursing, health and welfare of patients.</p> <p>Such governance audits shall be completed in accordance with legislative requirements, minimum standards and best practice.</p> <p>The completed audits should evidence review and oversight by the registered manager.</p> <p>This includes but is not limited to:</p> <ul style="list-style-type: none"> • Accident and incident audits • Infection Prevention and Control audits • Falls audits • Wound audits • Care plan audits. <p>Ref: 5.1 and 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Home Manager will have oversight of monthly audits completed by Senior Nurses and will ensure all audits are signed and dated</p>

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



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