

# Inspection Report

## 13 November 2023



## 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

<p><b>Organisation:</b> Brookmount Care Homes Ltd</p> <p><b>Registered Person:</b> Mr Leon Desmond Loughran</p>	<p><b>Registered Manager:</b> Miss Joanna Serplus</p> <p><b>Date registered:</b> 9 February 2023</p>
<p><b>Person in charge at the time of inspection:</b> Margaret McGraw – Deputy manager</p>	<p><b>Number of registered places:</b> 48</p> <p>Category NH-LD(E) for 1 identified individual only. Category NH-PH for 1 identified individual only</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 45</p>
<p><b>Brief description of the accommodation/how the service operates:</b> 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. Patient have access to communal areas on both floors and garden space on the ground floor.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 13 November 2023, from 10.00 am to 3.45 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.

Areas for improvement identified during the inspection are detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

Patients were happy to engage with the inspection process and share their experiences of living in the home and those patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff, are included in the main body of this report and shared with the deputy manager for her appropriate action.

RQIA were assured that the delivery of care and service provided in Brookmount care home was safe, effective, and compassionate and that the home was well led.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 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 Margaret McGraw, Deputy Manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients, staff and relatives were consulted during the inspection. Staff spoken with said that Brookmount was a good place to work. Staff were satisfied with the staffing levels and commented positively about the Manager and described her as supportive and approachable.

Patients spoken with told us they had good experiences living in the home and they liked the meals provided.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

Relatives spoke positively regarding the care provided to their loved ones.

Six questionnaires were returned but it was not clear if the questionnaires were from patients or relatives. Five of the returned questionnaires indicated they were satisfied with the care and other services provided in Brookmount. One comment included on a questionnaire regarding staffing was shared with the Manager for her attention. No responses were received from the staff online survey within the timeframe for inclusion in this report.

## 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 15 June 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 12 (1) (a) <b>Stated:</b> Third time	The registered person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient. <ul style="list-style-type: none"> <li>• The frequency of dressing change should reflect the assessed need of the wound</li> <li>• Any change in the wound should be accurately documented and appropriate care documentation updated to reflect the change.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was assessed as met and is further discussed in section 5.2.2.  A new area for improvement regarding the effective oversight and management of wound care was identified under Regulation.	

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4) (a)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure thickening agents are securely stored when not in use.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure having regard to the size of the nursing home, the statement of purpose and the number and assessed needs of the patients, ensure that there are at all times sufficient staff on duty to ensure the health, welfare and needs of the patients are met</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> <li>• that patients are repositioned in keeping with their prescribed care</li> <li>• that repositioning records are accurately and comprehensively maintained at all times.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was partially met and is further discussed in section 5.2.2.</p>	<p><b>Partially met</b></p>
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Regulation 27 (4) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure corridors are kept free from obstruction at all times.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>

<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that chemicals are stored securely in accordance with COSHH regulations.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for Improvement 7</b></p> <p><b>Ref:</b> Regulation 15 (1) (c) (e)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall not provide accommodation to a patient at the nursing home unless the nursing home has been registered for the category of nursing care appropriate to the patient's needs.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for Improvement 8</b></p> <p><b>Ref:</b> Regulation 14 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that there is an appropriately trained adult safeguarding champion in the home.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (Dec 2022)</b>		<b>Validation of compliance</b>
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the daily menu is displayed, the menu should accurately reflect the meals served and be displayed in a suitable format.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was not met and is further discussed in section 5.2.2.</p>	<b>Not met</b>

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 4.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care records should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 21</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure a wound observation chart is recorded for each wound dressing change.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was not met and is further discussed in section 5.2.2.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 41.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that there are staff members available to offer a programme of activities and events for patients.</p> <p>Activities must be an integral part of the care process with daily progress notes recorded to reflect activity provision and patient engagement.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. However, it was observed that a number of new staff had limited training in a number of mandatory training topics and had been in post for a number of months. An area for improvement was identified.

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. Some individual comments made by staff was shared with the deputy manager and Manager post inspection for their attention.

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. However, changes or alterations to the duty rota were not made in line with best practice guidance. An area for improvement was identified.

There was evidence the Manager regularly reviewed staffing levels to ensure the needs of the patients were met, and 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.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff who take charge in the home in the absence of the Manager had completed relevant competency and capability assessments.

### **5.2.2 Care Delivery and Record Keeping**

Discussion with staff identified that the handover reports to care staff at the beginning of each shift had been stopped by the Manager and that the system implemented to provide updates and to discuss any changes in the needs of the patients was not always adhered to. Staff felt that important information could be missed particularly if they were coming back from a period of leave. This was discussed with the deputy manager and it was highlighted how the handover report is an integral part of daily practice within any home and should be reviewed and reinstated as soon as possible. An area for improvement was identified.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

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 included any advice or recommendations made by other healthcare professionals. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were well 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.

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. Care records were contemporaneous but it was observed that some patients were not repositioned in line with their prescribed care. An area for improvement was stated for a second time.



Patients who required care for wounds had this clearly recorded in their care records. A review of the wound care records for four patients evidenced with the exception of one gap in the prescribed care for one identified patient that wound care was delivered as planned by the nursing staff. However, it was observed that the nursing staff are still not completing a wound observation chart at each dressing change.

This was discussed at length with the deputy manager and Manager post inspection; it was agreed that the wound care audit currently in place should be reviewed along with additional checks by the management team to ensure wound care is being delivered as prescribed and that the appropriate documentation is always completed. Given these assurances the area for improvement stated regarding wound care was met and the area for improvement regarding the completion of wound observation charts was stated for a second time. A new area for improvement was identified in regard to the effective oversight and management of all aspects of wound care.

Examination of records and discussion with the deputy manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall. The deputy manager was signposted to the regional Post Falls Guidelines for Care Homes and how these guidelines provide homes with guidance and instructions on the steps which can be taken for residents who fall regardless of the severity of the fall. The home plans to review this information and consider its implementation in Brookmount.

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. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. However, the daily menu was only displayed in one of the dining rooms; an area for improvement was stated for a second time. In addition, confidential patient information regarding dietary requirements was observed on display in the dining rooms. This was discussed with the deputy manager and an area for improvement was identified.

### **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. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items. A number of bed ends were seen worn and in need of repair or replacement this was discussed with the deputy manager who agreed to audit all the beds and action repair or replacement as needed.

Within several stores the floor was seen used for additional storage; boxes and other items were observed in the stores. Storage on the floor can impede on the effective cleaning of these areas, the deputy manager agreed to review the storage within the stores.

Fire safety measures were in place 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. A valid fire risk assessment was available for review. However, we observed a door to one of the nurse's stations open and this was identified as a fire door, this was discussed with the deputy manager to consider the use of a hold open device with this door. This will be reviewed on the next inspection.

Staff members were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance.

#### **5.2.4 Quality of Life for Patients**

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

There was a range of activities provided for patients by activity staff. The planned activities were displayed. The range of activities included for the patients included social, community, cultural, religious, spiritual and creative events. The patients had been involved in some Remembrance day crafting and some photographs were displayed from other recent events. Patients' needs were met through a range of individual and group activities. Activity records were maintained which included patient engagement with the activity sessions.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

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. The Manager and deputy manager are now trained as the safeguarding champions for the home. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

## 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 the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Margaret McGraw, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> <li>• that patients are repositioned in keeping with their prescribed care</li> <li>• that repositioning records are accurately and comprehensively maintained at all times.</li> </ul> <p>Ref: 5.1 and 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Nursing staff are encouraged to spot check at least three random resident repositioning files on each shift to ensure records are accurately maintained, this is recorded through the nursing diary. Management audit is in place and completed weekly at present to ensure a focus on repositioning is in place, each resident has a repositioning profile in front of their file to alert all staff to individual repositioning plan of care, these are maintained and kept up-to-date by nursing staff.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2023</p>	<p>The registered person shall ensure that a robust system is in place to ensure that all staff receive and complete mandatory training appropriate to their job role.</p> <p>Ref: 5.2.1</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 November 2023</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Training is continually monitored monthly by management, staff are encouraged to complete mandatory training. A training report is at the front of file to enable easy access and records to highlight staff not meeting requirements. Staff involved have been issued letters and follow-up is in process to improve completed mandatory training. Staff meetings have been completed to address this matter also. New staff completing 3 - 6 month probation periods are being highlighted to ensure that mandatory training is completed</p> <hr/> <p>The registered person shall ensure that robust governance arrangements are in place to quality assure and effectively manage wound care.</p> <p>This includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• Patients wounds are dressed as prescribed by nursing staff</li> <li>• All wound care records are accurately completed to reflect the wound care delivered.</li> </ul> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Management ensures daily wound needs are highlighted to nursing staff on duty for the shift, records of wounds due to be reviewed daily are also clearly recorded in the nursing dairy. Management currently completing weekly audit on Wednesdays of the week to ensure all wounds currently up-to-date with all records maintained accurately. Monthly audit has added section to check dates of completed wound care to ensure the effectively management of wound care. Nursing staff are encouraged to complete wound care assessment with clear and accurate details of wound management evidence based through linked care plan for specific wound.</p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the daily menu is displayed, the menu should accurately reflect the meals served and be displayed in a suitable format.</p> <p>Ref: 5.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Kitchen assistant on each floor will ensure clear and accurate menu is written up at start of their shift on menu boards provided in both dining areas, Cook will ensure that kitchen assistant staff are completing this daily.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 21</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure a wound observation chart is recorded for each wound dressing change.</p> <p>Ref: 5.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All nurses have been provided one-to-one time with management to complete the wound observations chart and be fully aware of the wound observations chart along with ongoing wound assessment for every dressing change. A recent nursing meeting also highlighted the importance of completing all aspects of wound care through the records, minutes in place for this meeting. This is also being audited by management through monthly wound audit. There is a highlight of how to complete wound assessment evidence in nursing staff alert folder for quick access and to help remind if nursing staff forget how to complete this chart.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 November 2023</p>	<p>The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Nursing staff aware that if they make changes to the staff rota duty that they initial the change made to maintain the staff rota within legislation and best practice guidance.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 November 2023</p>	<p>The registered person shall ensure that the care staff receive a handover at each shift change.</p> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 November 2023</p>	<p><b>Response by registered person detailing the actions taken:</b> Handovers are completed at the start of every shift to ensure all staff aware of care services required and needs of resident within their care, there is written evidence of this happening, nursing staff also meet with their team of care staff throughout the shift to complete updates on current needs of the residents within their care for the shift.</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person shall ensure that confidential information regarding patient's dietary needs is not displayed in communal areas.</p> <p><b>Response by registered person detailing the actions taken:</b> This was removed and changed to meet requirement need at time of inspection, no confidential information is used regarding resident's dietary needs in communal areas now.</p>

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



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