



Unannounced Care Inspection Report 20 January 2020



Brookmount

Type of Service: Nursing Home
Address: 4 Lower Newmills Road, Coleraine BT52 2JR
Tel No: 0287032 9113
Inspector: Joanne Faulkner

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 registered nursing home which provides nursing care for up to 48 patients.

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Sheena McCallion	Registered Manager and date registered: Elaine Allen – registration pending
Person in charge at the time of inspection: Elaine Allen	Number of registered places: 48
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: 42

4.0 Inspection summary

An unannounced inspection took place on 20 January 2020 from 10.10 hours to 16.00 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Brookmount which provides nursing care.

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.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- adult safeguarding
- complaints
- accident/incidents
- governance arrangements.

Evidence of good practice was found in relation to the delivery of care to patients which took into account personal preferences of patients. Staff demonstrated that they had a good understanding of the individual needs of the patients and worked well as a team to deliver the care patients required. The delivery of care took into account needs, personal choice and level of dependence of the individual patients.

Three areas requiring improvement were identified during this inspection in relation to infection prevention and control, maintenance of equipment and safe and healthy working practices.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home 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	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Elaine Allen, manager, 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.

4.2 Action/enforcement taken following the most recent inspection dated 3 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 3 September 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are retained

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. No patient/relative's questionnaire was

returned to RQIA prior to the issuing of this report. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the relevant timescales.

The following records were reviewed during the inspection:

- duty rota information for all staff from 13 January 2020 to 26 January 2020
- incident and accident records
- two patient care records
- a sample of governance audits/records
- complaints records
- compliments received
- adult safeguarding records
- the monthly monitoring reports for November and December 2019
- RQIA registration certificate

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

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

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all chemicals and cleaning products are securely stored within the home to comply with Control of Substances Hazardous to Health (COSHH).</p> <hr/> <p>Action taken as confirmed during the inspection: Key coded locks have been installed on cleaning stores and sluices; it was noted that chemicals and cleaning products are securely stored.</p>	Met

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 37 Stated: First time	The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation and best practice standards.	Met
	Action taken as confirmed during the inspection: It was identified that archived records are now stored in a locked store.	
Area for improvement 2 Ref: Standard 46.2 Stated: First time	The registered person shall ensure that a robust hand washing audit tool is maintained to comply with infection prevention and control policies, procedures and best practice guidance.	Met
	Action taken as confirmed during the inspection: We viewed records of hand washing audits that had been completed on a monthly basis by the senior nurse.	

6.2 Inspection findings

6.2.1 Staffing

We reviewed staffing arrangements in the home; the manager is currently acting and has submitted an application to be registered as the manager. Discussions with the manager indicated that they were knowledgeable in relation to their responsibilities with regard to the Regulations. There was evidence of a clear organisational structure within the home. The manager is supported by a team of registered nurses and healthcare assistants. In addition, there is a team of support staff which includes housekeeping, laundry, maintenance and kitchen staff. The manager stated that they are in the process of recruiting three registered nurses.

On the date of inspection the certificate of registration was on display and reflective of the service provided. No concerns regarding the management of the home were raised during the inspection.

Discussions with the manager, staff and a sample of the home's rota information viewed indicated that the manager endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients. The manager stated that there are a number of vacant posts for registered nurses and that additional staff are being accessed from an agency to cover voids in the rota.

The manager stated that staffing levels were subject to regular review to ensure the assessed needs of the patients were appropriately met. The duty rota information viewed, reflected the staffing levels as discussed with the manager during inspection. Observation of the delivery of care provided evidence that patients' needs were met by the levels and skill mix of staff on duty.

Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs.

Staff rota information viewed indicated that the care is provided by a core staff team which included regular agency staff as required; it was felt that this supports the home in ensuring continuity of care to patients. Staff stated that they felt that continuity of staff can have a positive impact on the patients' experience in relation to their human rights such as privacy, dignity and respect.

Discussions with a number of patients and relatives indicated that they had no concerns with regards to receiving the appropriate care and support to meet their needs.

Staff demonstrated that they had a clear understanding of their roles and responsibilities. Discussions with patients and relatives indicated that they were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Patients and relatives stated that the manager and staff are very approachable and willing to listen to their concerns.

Discussions with staff and relatives, and observations made demonstrated that staff had a good understanding of the individual assessed needs of patients. Staff described the importance of respecting patients' personal preferences and choices and in supporting them to make choices.

Throughout the inspection patients' needs and requests for assistance were observed to have been met in a timely, respectful and caring manner. Interactions between staff and patients were observed to be compassionate and appropriate. Observations of patient and staff interactions evidenced that patients were offered choice; staff were observed taking time to chat to patients and provided care in a manner that promoted privacy, dignity and respect.

Patient and relatives spoke positively in relation to the care provided. Patients who could not verbalise their feelings in respect of their care they received were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

6.2.2 Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, toilets, lounges, dining rooms and storage areas. The manager described how they are continually striving to ensure that the home is safe and pleasant for the patients and their visitors. The manager stated that they are in the process of redecorating the entrance and dining room areas.

The entrance area to the home was spacious and welcoming; there was information available relating to infection control and raising concerns. A number of the shared areas viewed were noted to be clean and uncluttered. There were no malodours detected in the home.

The sample of patients' bedrooms viewed were clean, warm and welcoming and had been personalised to the individual interests, preferences and wishes of patients. The lounge areas were clean, warm and patients appeared relaxed and comfortable; a range of refreshments were available. Fire exits and corridors were observed to be clear of clutter and obstruction; fire doors were appropriately alarmed.

We noted that paintwork was damaged on a small number of walls in the corridors, dining rooms and bathroom areas; the manager discussed the ongoing programme to repaint a number of areas within the home and to update the décor in various areas of the home.

It was identified that in a small number of pull cords had not been covered in keeping with best practice with regards to infection prevention and control (IPC). An area for improvement was identified. We identified rust on one shower chair and damage to a raised toilet seat in the bathroom of one patient; this was discussed with the manager and an area for improvement was identified.

A supply of gloves and aprons was readily available to staff throughout the home; it was noted that staff used this appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised. Information leaflets with regard to IPC issues such as hand hygiene were available for staff, patients and their visitors.

We observed that sluice rooms were clean and that cleaning chemicals were stored safely; it was noted that one of the sluice rooms was unlocked. An area for improvement was identified.

We identified that a light switch in a corridor and in the room of one patient were damaged and needed replaced; this was discussed with the manager. An area for improvement was identified.

6.2.3 Care records

Individual patient care records are retained electronically; the review of two patient's records identified that they were individualised to the needs of the person and included details of patient's assessed needs, risks and likes/dislikes. The records viewed included referral and assessment information received from a range of Health and Social Care Trust (HSCT) representatives and in addition included risk assessments and care plans.

Care plans viewed provided details of the care required by individual patients; they were noted to include details of any practice deemed to be restrictive. Staff record at least twice daily the care provided to patients and care plans are reviewed monthly.

There was evidence that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. There was evidence that the care planning process included input from patients and/or their representatives, as appropriate; care plans were noted to have been updated following recommendations from professionals such as Speech and Language Therapists (SALT), Tissue Viability Nurses (TVN) and dieticians.

Discussions with staff, patients and relatives, and observations made provided assurances that care is provided in a person centred manner. Staff described how they support patients to be involved in all aspects of their care and to promote their independence.

There was evidence that patients had been weighed monthly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Staff stated that patients had 24 hour access to food and fluids. There is evidence of SALT input into the assessment and care planning of patients as required.

6.2.4 Dining experience

We noted that mid-morning and mid-afternoon patients were offered a range of hot and cold beverages and a selection of biscuits/cakes. We observed the serving of the mid-day meal; the atmosphere the dining rooms was relaxed. Food served was noted to be appetising and well presented; there was a good variety of choices of food. Food was covered when being transferred from the dining room to patients who choose to eat in their bedrooms. A number of patients spoken with indicated that the food was good and warm.

The dining rooms were observed to be clean and table settings were noted to be appropriate, napkins, condiments and cutlery were provided. Details of the menu choices were appropriately displayed.

We noted that number of patients required staff support with eating their meal; staff supporting were observed taking time to chat to the patients and in ensuring they were satisfied with their choice. We observed staff offering and providing assistance in a discreet and sensitive manner when necessary. Staff were wearing appropriate protective clothing with regards to food hygiene good practice.

We identified a chair that was damaged; this was discussed with the manager and was removed from the dining room. The paint on some of the walls in the dining rooms was chipped or marked. The manager stated that they are in the process of redecorating the dining areas to make best use of the space available; they stated that replacement furniture has been ordered.

6.2.5 Activities

The home has an activity therapist who coordinates a range of activities and one to one sessions with patients. The manager described a programme of activities available to patients in the home; they included craft and music activities; they stated that a new notice board has been ordered to replace the current one. During the inspection we chatted to a number of patients having their hair styled by the hairdressers that visit the home weekly.

6.2.6 Complaints

Discussions with the manager and the review of records indicated that complaints received by the home since the previous inspection had been managed appropriately. Discussions with the manager and staff indicated that they were knowledgeable in relation to managing complaints received. Complaints are audited monthly as part of the quality monitoring audit.

6.2.7 Adult safeguarding

A review of adult safeguarding information and discussions with the manager provided evidence that referrals made in relation to adult safeguarding since the last inspection had been managed in accordance with the homes policy and procedures. Adult safeguarding matters/referrals are reviewed as part of the monthly quality monitoring process.

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Relatives and patients could describe the process for reporting concerns they had in relation to care provided; they indicated that the manager and staff were approachable.

Staff could describe their responsibility in relation to reporting poor practice and had awareness of the home's policy and procedure with regard to whistleblowing.

6.2.8 Incidents

A review of a sample of the accidents and incidents which had occurred within the home identified that they had been managed appropriately. A record is retained of all incidents; it details the actions taken following an incident and the persons notified. There was evidence that incidents/accidents are audited monthly as part of the quality monitoring process; the manager stated that this supports them in highlighting trends and risks, and identifying areas for improvement.

6.2.9 Consultation

During the inspection we spoke with small groups of patients in the dining room or lounge areas, two relatives and three staff members. Patients who could verbalise their views provided positive feedback in relation to the care provided by staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Patients' comments:

- "Happy, I have no issues."
- "I am hoping to move to a new room."
- "I enjoy the company."
- "Happy enough; food is okay."

Staff comments:

- "I am happy."
- "We have enough staff at the minute; I have no concerns."
- "Very happy here. No issues."
- "Patients are safe and well cared for."
- "I am supported, can just knock the manager's door."
- "We have enough staff."

Relatives' comments:

- "Very happy, the staff are exceptional."
- "The care is second to none, couldn't ask for a better place."
- "Staff are approachable, caring and go out of their way to help."
- "Every one of them (staff) are brilliant."
- "Staff are excellent; I have no concerns."
- "Great place, the staff are wonderful."
- "Staff are very helpful; they are very good to my sister."
- "No issues or concerns."

Relatives stated that staff were kind, friendly and approachable; they stated that they had no concerns in relation to the care provided.

We observed a number of staff supporting patients in the dining room and lounge areas; observation of staff interactions with patients indicated that they were respectful of them by asking them their choices in relation to a range of matters such as food and participation in activities. There was a calm, relaxed and welcoming atmosphere in all areas within the home.

Discussion with the manager, patients, relatives and staff provided evidence that there were systems in place to obtain the views of patients and their representatives on the day to day running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Ten questionnaires were provided for distribution to the patients and/or their representatives; no responses were received prior to the issuing of this report.

At the request of the inspector, the manager was asked to display a poster within the home. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

6.2.10 Governance Arrangements

There are systems in place to monitor and report on the quality of care provided. The home has implemented a system for completing quality monitoring audits on a monthly basis and for developing a report in accordance with Regulation 29. We reviewed a sample of the audit reports that evidenced Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. It was identified that a comprehensive action plan is generated to address any areas for improvement.

Reports viewed were noted to include details of the review of the previous action plan, review of staffing arrangements, incidents, adult safeguarding matters, recruitment, staff training, care records, health and safety and complaints. The records indicated engagement with staff, patients, and where appropriate their representatives. Some comments included:

- “My wife is very settled.”
- “The girls are very good to me.”
- “Couldn’t be better.”
- “I could not fault Brookmount. Fantastic home I tell everybody about it.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, provision of person centred compassionate care and effective engagement with patients and relatives.

Areas for improvement

Three areas for improvement were identified during this inspection in relation to infection prevention and control, maintenance of equipment, and safe and healthy working practices.

	Regulations	Standards
Total number of areas for improvement	0	3

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, 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>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.</p> <p>Ref 6.2.2</p> <p>Response by registered person detailing the actions taken: AAll identified pull cords have been appropriately covered to ensure effective cleaning can take place to ensure compliance with best practice in infection prevention and control</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44.8</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the following actions are taken to promote patient safety:</p> <ul style="list-style-type: none"> • Replacement of a damaged shower chair. • Replacement of a faulty raised toilet seat. • Damaged light switches are replaced. <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: .Damaged shower chair has been replaced Faulty raised toilet seat has been replaced Identified damaged light switches have been replaced</p>
<p>Area for improvement 3</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that sluice rooms remain locked at all times.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: All staff have been reminded of the necessity of ensuring that sluice room doors remain locked at all times</p>

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



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