

Unannounced Care Inspection Report

21 March 2019



Brookmount

Type of Service: Nursing Home (NH)
Address: 4 Lower Newmills Road, Coleraine, BT52 2JR
Tel No: 0287032 9113
Inspector: Linda Parkes

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 48 persons.

3.0 Service details

Organisation/Registered Provider: Apex housing Association Responsible Individual(s): Miss Sheena McCallion	Registered Manager: Ann Bannister
Person in charge at the time of inspection: Michelle Stirling, staff nurse 10.10 – 11.20 Ann Bannister, registered manager 11.20 – 17.15	Date manager registered: 19 May 2014
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. LD(E) – Learning disability – over 65 years.	Number of registered places: 48 Category NH-LD(E) for 1 identified individual only.

4.0 Inspection summary

An unannounced inspection took place on 21 March 2019 from 10.10 to 17.15 hours.

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.

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.

Evidence of good practice was found in relation to the cleanliness of the environment, personalisation of the patients' bedrooms, staff training, adult safeguarding, record keeping, communication between residents, their representatives, staff and other professionals and the patient dining experience. Further areas of good practice were found in relation the management of falls and governance arrangements.

Areas requiring improvement were identified to ensure that fire doors are not wedged open, regarding the moving and handling of patients while maintaining their dignity, in relation to infection prevention and control best practice to ensure that the home is decorated to a standard acceptable for residents and in relation to confidentiality of patient information.

Patients spoken with during the inspection stated they were content and comfortable in their surroundings. Patients spoke positively regarding their experience of living in the home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The following areas were examined during the inspection:

- the internal environment
- staffing and care delivery
- the patient mealtime experience
- records and governance

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	2	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ann Bannister, registered 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 28 June 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 28 June 2018. No further actions were required to be taken following 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 which may include information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report

During the inspection the inspector met with eight patients individually, small groups of patients in the dining rooms and lounges, four patients' relatives and three staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you 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.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 11 March to 24 March 2019
- incident and accident records from 29 October to 27 December 2018
- alerts issued by Chief Nursing Officer (CNO) from 16 October 2018 to 21 February 2019
- five patient care records
- a sample of governance audits
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 the most recent inspection dated 28 June 2018

The most recent inspection of the home was an unannounced care inspection dated 28 June 2018. The QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 28 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (1) (b) Stated: First time	The registered person shall ensure that the advice and recommendations made by health care professionals is adhered to and patients receive the recommended treatment in a timely manner.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of three patient's care records evidenced that that this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 12 (1) (a) Stated: First time	The registered person shall provide treatment and any other services to patients in accordance with the statement of purpose and therefore ensuring that the home is operating within the categories of care for which the home is registered.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that identified patents had been reassessed and deemed to be appropriately placed to ensure that the home is operating within the categories of care for which the home is registered. This area for improvement has been met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (5)</p> <p>Stated: First time</p>	<p>The registered person shall review the use of the key pad access to the first floor stairwells to clarify what consideration has been given to:</p> <ul style="list-style-type: none"> • the fire risk assessment – i.e. means of escape including provision of suitable link to fire alarm system as well as override device adjacent to the lock on the inside of the escape routes • restriction of movement within the home with particular consideration to current Deprivation of Liberty (DOL) guidance <p>Action taken as confirmed during the inspection: Discussion with the registered manager and observation of access to three stairwells from the first floor confirmed that push button mechanisms have been installed. The registered manager advised that when the fire alarm is activated the doors revert to manual operation. This area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that infection prevention and control issues identified during the inspection are managed to minimise the risk and spread of infection.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and observation of laminated notices displayed throughout the home evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 17.7</p> <p>Stated: First time</p>	<p>The registered person shall review staff training needs in respect of caring for patients with dementia and behaviours which challenge and provide the necessary training to meet their needs.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of staff training in respect of caring for patients with dementia and behaviours which challenge evidenced that this area for improvement has been met.</p>	<p>Met</p>

<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans and care plan evaluations are reviewed and updated to reflect the changing needs of patients and the recommendations received from healthcare professionals.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and review of two patients' care plans and evaluations to reflect the changing needs of patients and the recommendations received from healthcare professionals evidenced that that this area for improvement has been met.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 35.16</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the auditing processes in place are sufficiently robust to identify that treatments for patients may have changed and that any new regimes/prescriptions are administered accordingly.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and review of the monthly audit for February and March 2019 and the quarterly audit tool for February 2019 evidenced that processes in place are sufficiently robust to identify that treatments for patients may have changed and that any new regimes/prescriptions are administered accordingly. This area for improvement has been met.</p>		

6.3 Inspection findings

6.3.1 The internal environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

On inspection of an identified bedroom it was noted that there was a large hole in the flooring in the middle of the room. The flooring is required to be replaced as this does not adhere to infection prevention and control best practice and this could also be the cause of a potential trip hazard. This was discussed with the registered manager and an area for improvement was identified.

Fire exits and corridors were observed to be clear of clutter and obstruction. Two fire doors on the ground floor were observed to be wedged open. One door led to the manager's office and the second door observed to be propped open with a metal wedge led to the kitchen. This was discussed with the registered manager who advised the office door was only wedged open when it was in use and that kitchen staff have been advised that the door to the kitchen should not be wedged open in order to take adequate precautions against the risk of fire. An area under regulation was identified.

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to the cleanliness of the environment and personalisation of the patients' bedrooms.

Areas for improvement

Two areas for improvement were identified in relation to infection prevention and control best practice to ensure that the home is decorated to a standard acceptable for residents and to ensure that fire doors are not wedged open.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3.2 Staffing and care delivery

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 11 March to 24 March 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. The registered manager advised that the home has no activity therapist at present. Church services continue as normal and volunteers provide activities for patients throughout the month. The post for activity therapist has been advertised and interviews are scheduled. Also posts for care staff have been advertised to cover maternity leave and to offer full time positions. Interviews for care staff will take place in the near future. The registered manager also advised that agency staff is block booked in order to maintain continuity to meet the needs of the patients.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. One staff member advised that on occasions staffing levels were affected by short notice leave and this could be stressful at times. They also confirmed that this only happened occasionally and that shifts were “covered”. We also sought staff opinion on staffing via the online survey; we had no response within the timescale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Brookmount. We also sought the opinion of patients on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Three patients said,

“I have no complaints as I’m well looked after.”

“The girls are very good to me.”

“The nurses and carers are very good. I have no worries.”

Four relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives’ opinion on staffing via questionnaires; we had six responses within the timescale specified. Two questionnaires did not indicate if they were completed by a patient or their representative.

Six of the returned questionnaires included the following comments:

“Not enough night staff.”

“Not sufficient care staff at night. Sometimes only one nurse managing the home at night.”

“Too many agency staff.”

“No activity therapist since Xmas.”

“More staff would be beneficial.”

“More ancillary staff.”

Four relatives said:

“The care’s second to none.”

“Everything’s dead on. The staff and care’s first class.”

“I’ve no concerns about the care or the food.”

“The staff are very good with dad. They brighten him up by having a laugh and a joke with him. He enjoys that.”

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. The registered manager advised that staff have completed training in recent months on dementia and behaviours which challenge. It was observed on the ground floor that an able assist patient transfer aid was used to transport a patient from the lounge along the corridor to the bathroom which compromised the patient’s dignity. This was discussed with the registered manager. An area for improvement was identified.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The registered manager is identified as the safeguarding champion.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“I will always be grateful knowing that mum could not have been better cared for anywhere like the compassion and care she received during her time at Brookmount.”

“We are very thankful that he could have his last days in the comfort of his own little room and with the attention of kind nurses and carers who knew him well.”

The registered manager advised that staff, patient and relatives meetings were held on a regular basis; minutes were available.

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staff training, adult safeguarding, and communication between residents, their representatives, staff and other professionals.

Areas for improvement

An area for improvement was identified regarding the moving and handling of patients while maintaining their dignity.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3.3 Meal time experience

We observed the serving of the lunchtime meal in the dining room on the ground floor. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Tables were nicely set with condiments and flowers. Patients able to communicate indicated that they enjoyed their meal.

Two patients said:

“I ate all my dinner. It always tastes better when you get it made for you”

“If I don’t like something on the menu they will get me something else.”

Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. It was observed that patients' names and dietary recommendations were displayed on the white notice boards in both the ground floor and first floor dining rooms. This was discussed with the registered manager as it is important that patients' human rights are respected regarding confidentiality. An area for improvement was identified.

Questionnaires were provided for patients and their representatives across the four domains of safe, effective, compassionate and well led care. We had four responses from patients' representatives. Comments received indicated they were 'satisfied' across the four domains of care. Two returned questionnaires did not indicate if they were completed by a patient or their representative. Both questionnaires indicated that they were 'satisfied' across the four domains of care.

Staff were asked to complete an on line survey across the four domains of care. We had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interaction with patients and the patient dining experience.

Areas for improvement

An area for improvement in relation to patient confidentiality was identified.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3.4 Records and governance

Review of five patient care records evidenced that care plans were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient.

We reviewed the management of falls. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bedrails, alarm mats. Care plans were in place for the management of bedrails.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

We reviewed accidents/incidents records from 29 October to 27 December 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed and reviewed regarding falls in the home for 15 February and 16 March 2019.

Discussion with the registered manager and review of records from 28 December 2018 to 26 February 2019 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

Areas of good practice

There were examples of good practice found in relation to the management of falls, record keeping and governance arrangements.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ann Bannister, registered 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 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 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 DHSSPS 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 27.4 Stated: First time To be completed: Immediate action required	The registered person shall ensure that fire doors are not wedged open in order to take adequate precautions against the risk of fire. Ref: 6.3.1 Response by registered person detailing the actions taken: IThe registered Manager will ensure that fire doors are not wedged open in order to ensure that adequate precautions are taken against the risk of fire
Area for improvement 2 Ref: Regulation 14 (3) Stated: First time To be completed: Immediate action required	The registered person shall make suitable arrangements to provide a safe system for the moving and handling of patients while maintaining their dignity. Ref: 6.3.2 Response by registered person detailing the actions taken: All staff have been made aware of the need to ensure that the sara-steady hoist is only to be used as a means of transportation within residents rooms
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 44 Stated: First time To be completed: 30 June 2019	The registered person shall ensure that the home is decorated to a standard acceptable for residents in accordance with infection control best practice. Ref: 6.3.1 Response by registered person detailing the actions taken: The Manager will ensure that the identified floor covering is repaired/replaced as soon as possible and within agreed timescales
Area for improvement 2 Ref: Standard 5.8 Stated: First time To be completed: Immediate action required	The registered person shall ensure that information regarding patients' individual care recommendations is not on view in order to protect their human rights. Ref: 6.3.3 Response by registered person detailing the actions taken: Information pertaining to resident's individual care recommendations will be stored securely and not on view to protect their human rightst

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



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