

Inspection Report

24 May 2021



Brookmount

Type of Service: Nursing Home (NH)
**Address: 4 Lower Newmills Road, Coleraine,
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Apex Housing Association</p> <p>Responsible Individual(s): Miss Sheena McCallion</p>	<p>Registered Manager: Mrs Elaine Allen</p> <p>Date registered: 02 July 2020</p>
<p>Person in charge at the time of inspection: Mrs Kelley Cochrane Senior Staff Nurse</p>	<p>Number of registered places: 48</p> <p>Category NH-LD(E) for 1 identified individual only</p>
<p>Categories of care: Nursing Home (NH) LD(E) – Learning disability – over 65 years I – Old age not falling within any other category.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 35</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>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.</p>	

2.0 Inspection summary

An unannounced inspection took place on 24 May 2021 between 10.00am and 5.00pm by the 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.

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.

Comments received from patients and staff are included in the main body of this report.

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

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 patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

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 findings of the inspection were provided to the senior nurse in charge at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with nine patients and nine staff. No questionnaires were returned and we received no feedback from the staff online survey. Patients spoke highly on the care that they received and on their interactions with staff. Patients confirmed that staff treated them with respect and that they would have no issues in raising any concerns with staff. Patients told us “the staff are great, they couldn’t be better” and commented on how “the staff are very good at their work”. Staff were complimentary in regard to the home’s management team and spoke of how much they enjoyed working with the patients.

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 10 December 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: 10 January 2021	The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the following: <ul style="list-style-type: none"> • the use of vinyl gloves for direct patient care • the cleanliness of the underside of soap dispenser units • the cleanliness of the underside of hand sanitiser units • the cleanliness of shower chairs. 	Met
	Action taken as confirmed during the inspection: Observation of the environment confirmed the above areas for improvement have been appropriately addressed. This area for improvement has been assessed as met.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: with immediate effect</p>	<p>The registered person shall ensure thickening agents are securely stored when not in use.</p> <hr/> <p>Action taken as confirmed during the inspection: Thickening agents are now stored in a secure place while not in use. No thickening agents were observed in either dining areas.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: with immediate effect</p>	<p>The registered person shall review the dining experience for patients to ensure:</p> <ul style="list-style-type: none"> • all staff wear appropriate PPE while serving food to patients • food leaving the dining room is appropriately covered. <hr/> <p>Action taken as confirmed during the inspection: All staff observed including kitchen and care staff wore PPE while serving food. Food leaving the dining area to be served to patients in their bedrooms or other areas was seen on a tray and appropriately covered.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regard to those patients who are assessed as requiring a pressure relieving mattress:</p> <ul style="list-style-type: none"> • The type of mattress in use must reflect the patients assessed need. • The mattress should be set correctly to meet the assessed need of the patient. • The type of mattress and correct setting must be documented correctly on the patients repositioning chart and care plan. <hr/> <p>Action taken as confirmed during the inspection: A review of care documentation evidenced inconsistency in the accurate recording of all the above areas. This is discussed further in Section 5.2.5. This area for improvement is not met and is stated for a second time.</p>	<p>Not met</p>

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

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.

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

Appropriate checks had been made to ensure that the professional registration of staff with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) was in place.

Staff said that teamwork was good, the manager was approachable and that they felt well supported in their role. Staff also said that, while they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable staff absence at short notice.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. We observed the use of white sticky labels on the duty rota: these had been used to correct mistakes or if the duty rota had been altered. This was discussed with the manager how any amendments should be dated and signed and the use of white sticky labels is not recommended. An area for improvement was made.

The duty rota identified the nurse in charge of the home when the manager was not on duty. The nurse in charge in the absence of the manager is required to have undergone a competency and capability assessment for this role to ensure that they had the necessary knowledge and understanding prior to taking charge. A review of these competency and capability assessments evidenced they were not up to date. An area for improvement was identified.

It was noted that there were enough staff in the home to respond to the needs of the patients in a timely way. Call bells were answered promptly by staff who were observed to respond to requests for assistance in a caring and compassionate manner.

Patients said they were well looked after and how the staff were available if they needed anything.

There were safe systems in place to ensure that staff were recruited and trained appropriately and that patient needs were met by the number and skill of the staff on duty. Further improvement will be achieved by ensuring compliance with the areas for improvement identified.

5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

The manager was identified as the appointed safeguarding champion for the home; the manager therefore has responsibility for implementing regional adult safeguarding guidance and the home's adult safeguarding policy.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on a yearly basis. Staff told us they were confident about reporting concerns about patients' safety and poor practice.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. Review of patient records and discussion with staff confirmed that the correct procedures were followed if restrictive equipment was required.

Staff were observed promptly recognising and responding to patients' needs. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

There were effective systems in place to ensure that patients were safely looked after in the home and that staff were appropriately trained for their role.

5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?

Many areas within the home's internal environment including the décor, paint and items of furniture was noted to be tired and in need of replacement and or refurbishment. Restrictions due to the ongoing Coronavirus pandemic have halted any progression in the homes refurbishment plans. Discussion with the manager after the inspection confirmed the refurbishment of the home has commenced with a focus on prioritising those areas most in need first. This will be reviewed at a future inspection.

Patients' bedrooms were personalised with items important to the patient. Bedrooms were suitably furnished, clean and tidy; and comfortable. As mentioned above several items of bedroom furniture was noted to be worn and in need of replacement / refurbishment.

Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. Patients were assisted by staff to adhere to social distancing guidance while seated in the lounges or in the dining rooms.

There was evidence throughout the home of 'homely' touches. Flowers, newspapers, magazines and jugs of juice or water were available in lounges and bedrooms and patients were offered suitable drinks and snacks between their main meals.

Moving and handling equipment and a shower chair were seen in corridors when not in use; this was discussed with the senior nurse and the items were moved during the inspection. In the event of an emergency these pieces of equipment would be a potential obstruction and could prevent clear exit from the building. This was identified as an area for improvement in order to comply with the regulations.

There were systems in place to ensure that the environment of the home was maintained in order that patients were comfortable. An area for improvement was identified to ensure compliance is achieved with regard to fire safety regulations.

5.2.4 How does this service manage the risk of infection?

Feedback from the senior nurse provided assurance that effective systems were in place regarding the management of risks associated with COVID-19 and other potential infections. The home has also been participating in the regional testing arrangements for patients, staff and Care Partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) had been provided.

Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. It was observed that staff did not always consistently don PPE prior to assisting patients with moving and handling tasks although PPE was used appropriately otherwise; an area for improvement was identified.

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

There were systems in place to manage the risk of infection; these arrangements will be further improved by ensuring compliance with the area for improvement identified.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.

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

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 who were less able to mobilise were assisted by staff to change their position regularly. However, a review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans. An area for improvement was identified.

Repositioning records also evidenced inaccurate information in regard to the type of mattress in use by the patient and the assessed setting of the mattress; the area for improvement previously stated has been assessed as not met and will be stated for a second time.

Patients who required care for wounds or pressure ulcers had this recorded in their care records. There was evidence that nursing staff had consulted with specialist practitioners in the management of wounds or pressure ulcers, for example, the Podiatrist and the Tissue Viability Specialist Nurse (TVN). However, review of care records in regards to the care of a

number of wounds evidenced inconsistencies in the frequency of dressing change and associated documentation on wound charts and care records.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. Nursing staff appropriately reviewed and updated patients care plans and risk assessments after the fall.

There was a system in place to ensure accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The dining experience was an opportunity for patients to socialise; the dining atmosphere was calm, relaxed and unhurried. Patients were observed enjoying their lunch in both dining rooms. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. In an effort to adhere to social distancing only a small number of patients ate their meal in the dining room. The other patients chose to have their lunch in their bedrooms. There was choice of meals offered, the food was attractively presented and smelled appetising and a variety of drinks were available. The lunchtime meal was a pleasant and unhurried experience for the patients. The patients commented positively on the quality of the food.

There was a system in place to ensure that all staff were aware of individual patient's nutritional needs and any modified dietary recommendations made by the Speech and Language Therapist (SALT).

There were systems were in place to ensure that patients' needs, including any changes, were communicated to all staff in a timely manner. Patients' privacy and dignity was maintained and their needs regarding falls management were met. Care delivery to patients will be further improved through compliance to those areas for improvement identified.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

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. Patients care records were held confidentially.

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.

Care plans were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. However, a review of risk assessments evidenced that not all of the assessed areas of risk were consistently reviewed monthly. An area for improvement was identified.

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 recorded.

There were systems in place to ensure that care records were regularly evaluated and updated to reflect any changes in patients' needs and to ensure that staff were kept informed.

Care documentation will be further improved through compliance to those areas for improvement identified.

5.2.7 How does the service support patients to have meaning and purpose to their day?

It was observed that staff offered choice 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.

Patients were observed listening to music, chatting with staff, reading and watching TV. Discussion with the manager confirmed an activity co-ordinator had not been employed in the home for some time and staff were not allocated to provide any structured activity to patients. The manager advised the recruitment of an activity co-ordinator has been prioritised but has proved unsuccessful. The provision of activities provides patients with meaning and purpose to their day, in recognition of the importance of this to patients and in the absence of an activity co-ordinator consideration should be given for staff to be allocated to provide patients with meaningful activity. An area for improvement was identified.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Indoor visiting arrangements were now in place in accordance with the latest visiting guidance. Staff told us how the visits from relatives and loved ones into the home again have resulted in positive benefits to both the physical and mental wellbeing of the patients.

Observation of practice confirmed that staff engaged with patients throughout the day and patients were afforded choice. Some improvement is required regarding the provision of meaningful activities.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

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.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or members of the nursing team completed audits of accidents/incidents, complaints, wound care, care records, infection prevention and control and staff registrations. While the majority of these audits were completed monthly some deficits were identified in the robustness of these audits. Some information was noted absent from the audits; for example the date of completion and who the auditor was. It was not clear that the manager had complete oversight of the audits reviewed as a signature was not seen. An area for improvement was identified.

It was noted that patients and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve the quality of services provided by the home.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

Messages of thanks including any thank you cards and emails received were kept and shared with staff.

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.

There were systems in place to monitor the quality of care and services provided and to drive improvement in the home; these will be further enhanced through compliance to those areas for improvement identified.

6.0 Conclusion

As a result of this inspection nine new areas for improvement were identified in respect of fire safety, patient repositioning, wound care, patient risk assessments, the staff duty rota, registered nurse competency and capability assessments, PPE compliance, the provision of activities and governance audits. Details can be found in the Quality Improvement Plan included.

Discussion with patients and staff, observations and a review of patient and management records evidenced that care in Brookmount was delivered in a safe, effective and compassionate manner with good leadership provided by the manager.

Staff were observed engaging compassionately with patients and in a manner which promoted their privacy and dignity. The home was observed to be clean and tidy.

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

	Regulations	Standards
Total number of Areas for Improvement	4	6*

* The total number of areas for improvement includes one area under the standards which has not been met and is stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Kelley Cochrane, senior staff nurse, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all corridors are kept clear and unobstructed at all times.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The registered Manager will ensure that all corridors are kept clear and unobstructed at all times. This will be monitored by Nurse In Charge on each floor</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 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"> • That patients are repositioned in keeping with their prescribed care • That repositioning records are accurately and comprehensively maintained at all times. <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Ongoing supervision is being carried out with Care staff with regards to completion of records Daily oversight of completion of records will be carried out by Nurses/Senior Nurse All repositioning Care Plans have now been reviewed</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: A review of all Wound Assessments is ongoing A wound folder is available on each floor for all nurses which identifies frequency and type of dressing required Nursing staff have been encouraged to make better use of Diaries Monthly wound audits will be carried out by anager/Senior Nurse</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 16 (2)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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>Ref: 5.2.6</p> <hr/> <p>Response by registered person detailing the actions taken: The Nurse Manager/Senior Nurse will ensure that all residents' risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the residents</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regard to those patients who are assessed as requiring a pressure relieving mattress:</p> <ul style="list-style-type: none"> • The type of mattress in use must reflect the patients assessed need • The mattress should be set correctly to meet the assessed need of the patient • The type of mattress and correct setting must be documented correctly on the patients repositioning chart and care plan. <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: All mattresses are being checked twice daily A review of all Care Plans " prevention of Pressure Sores "has been undertaken The Home will be purchasing and replacing a number of identified mattresses in a phases manner.A number of existing mattresses have faulty settings which are easily offset</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: The Duty Rota will be maintained in keeping with Legislation and best practice guidance</p>

<p>Area for improvement 3</p> <p>Ref: Standard 41.7</p> <p>Stated: First time</p> <p>To be completed by: 24 June 2021</p>	<p>The registered person shall ensure registered nurses competency and capability assessments are up to date and regularly reviewed.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All Nurse Competency assessments are currently being completed</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: The Nurse Manager will ensure that all staff use PPE appropriately.at all times in order to assure compliance with best practice guidelines</p>
<p>Area for improvement 5</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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> <p>Ref: 5.2.7</p> <p>Response by registered person detailing the actions taken: The Manager is currently waiting on approval from CEO regarding additional hours for Activity Coordinator role so that post can be advertised and made more appealing for potential Applicants Some organised activities are currently being facilitated by Care Staff</p>

<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2021</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>Ref: 5.2.8</p> <p>Response by registered person detailing the actions taken: The Manager will ensure that a robust system of audits is maintained in relation to Accidents/Incidents Infection Prevention and Control Falls Wounds Care Plans The Manager will evidence oversight with signature</p>
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Please ensure this document is completed in full and returned via Web Portal



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