

Inspection Report

23 April 2024



Brookmount

Type of service: Nursing Home
Address: 4 Lower Newmills Road, Coleraine, BT52 2JR
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: Brookmount Care Home Ltd</p> <p>Registered Person: Mr Leon Desmond Loughran</p>	<p>Registered Manager: Miss Joanna Serplus</p> <p>Date registered: 9 February 2023</p>
<p>Person in charge at the time of inspection: Miss Joanna Serplus</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) 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>Number of patients accommodated in the nursing home on the day of this inspection: 47</p>
<p>Brief description of the accommodation/how the service operates: This is a registered nursing home which provides nursing care for up to 48 patients. The home is divided into two units, one on the ground floor and one on the first floor. Patient bedrooms are located over the two floors. 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 23 April 2024, from 6.30 am to 1.30 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.

RQIA received intelligence on 3 April 2024 which raised concerns in relation to moving and handling practices, completion of supplementary care records and provision of continence care. RQIA were unable to substantiate any of these concerns raised during the inspection.

However, concerns were identified regarding the governance and managerial oversight in the home; and the lack of progress with some of the areas for improvement identified during previous care inspections in respect of staff's compliance with mandatory training, wound care documentation and the management oversight of wound care records. Additional concerns were identified regarding the management and oversight of risks to the health and safety of patients within the home's environment; the reporting of notifiable incidents to RQIA; and the lack of timely follow up of actions identified through management audits.

Given these concerns the Responsible Individual (RI) and the manager were invited to attend a serious concerns meeting with RQIA on 13 May 2024. At the meeting the management team provided RQIA with an action plan and advised of the completed or planned actions to secure the necessary improvements and address the concerns identified during the inspection.

RQIA accepted this action plan and agree that the area for improvement were to be managed through the Quality Improvement Plan (QIP) in section 6.0.

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

3.0 How we inspect

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

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

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

Questionnaires 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 the manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients and staff were spoke with individually and in small groups about living and working in Brookmount. Comments were positive and complimentary.

Patients said that they were well looked after and the food was very good. No concerns were raised about the care or the staffing levels in the home.

Staff commented that they loved working in Brookmount and felt well supported by the manager. They said that they worked well as a team, received a handover at the start of their shift and had no concerns about staffing levels.

Completed questionnaires were received and patients and a relative confirmed that they were very satisfied that care was good, they felt safe in the home, staff were very friendly and they liked living in Brookmount.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 13 th October 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1) (a) Stated: Second time	The registered person shall ensure the following in regards to the repositioning of patients: <ul style="list-style-type: none"> that patients are repositioned in keeping with their prescribed care that repositioning records are accurately and comprehensively maintained at all times. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: This area for improvement was partially met and is discussed further in section 5.2.1.</p> <p>This area for improvement has been stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<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"> • Patients wounds are dressed as prescribed by nursing staff • All wound care records are accurately completed to reflect the wound care delivered. <p>Action taken as confirmed during the inspection: This area for improvement was partially met and is discussed further in section 5.2.5.</p> <p>This area for improvement has been stated for a second time.</p>	<p>Partially met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: Second 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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

Area for improvement 2 Ref: Standard 21 Stated: Second time	The registered person shall ensure a wound observation chart is recorded for each wound dressing change.	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met and is discussed further in section 5.2.2. This area for improvement has been stated for a third time.	
Area for improvement 3 Ref: Standard 41 Stated: First time	The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Standard 41 Stated: First time	The registered person shall ensure that the care staff receive a handover at each shift change.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 Ref: Standard 12 Stated: First time	The registered person shall ensure that confidential information regarding patient's dietary needs is not displayed in communal areas.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence of a robust recruitment system in place to ensure staff were recruited correctly to protect patients.

Staff told us that there was enough staff on duty to meet the needs of the patients. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

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.

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.

Staff mandatory training records evidenced that not all staff had received the appropriate training required to do their job. This was discussed at the meeting on 13 May 2024. Assurances were provided by the management team that all staff identified had now completed their mandatory training or were not working in their roles until the training was completed. The management team will complete additional checks on a weekly and monthly basis. An area for improvement has been stated for a second time.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients' needs, including those patients who had difficulty in making their wishes or feelings known. Staff were respectful, understanding and sensitive to patients' needs.

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.

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

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN).

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example; alarm mats and staff supervision.

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.

It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable and had a meal that they enjoyed. There

was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

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

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 contained specific information on what or who was important to them.

Concerns were identified regarding the completion of wound care records. Review of a sample of wound dressing records identified that the wound assessment chart was not completed following each dressing, as required, to identify any progress or deterioration in the state of the wound. This was discussed at the meeting on 13 May 2024. Assurances were provided by the management team that supervision had been completed with nursing staff to emphasise the need to complete wound care documentation. A daily check will be completed by the nurse in charge using a diary and signatory record and the management team will also ensure the wound care chart has been completed. This will be reviewed by the manager on a weekly basis via a checklist. The electronic wound care record will also be updated to provide access to the wound care chart when required. This area for improvement has been stated for a third time.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was generally clean, tidy and well maintained. Patients' bedrooms were personalised with items important to the patient.

Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

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 PPE had been provided.

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

Concerns were identified regarding the management and oversight of risks to the health and safety of patients within the home's environment. A fire exit was blocked by equipment; this was highlighted to the manager for immediate action. An electrical switchboard was accessible in an unlocked storeroom and cleaning chemicals were left accessible to patients in several areas of the home including bathrooms, an unlocked sluice room, an unlocked laundry room, and a cleaning trolley. Two hoists required cleaning and toiletries were stored in bathrooms with no patient identification visible. A bathroom and patient smoking room were being used for storage. This change of purpose of registered rooms had not been notified to, or approved by

RQIA. This was discussed at the meeting on 13 May 2024. Assurances were provided by the management team that the fire exit had been cleared of obstruction; and key pad locks had been fitted to all electrical store rooms, the laundry room and sluice rooms. Supervision and training had been completed with housekeeping staff regarding the safe storage and use of chemicals. A variation has been submitted to RQIA for the change of use of two rooms to be used for storage. Four new areas for improvement were also identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV; or could have birthday parties with family/friends in their room or one of the lounges.

Patients also told us that they were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices.

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.

Patients' needs were met through a range of individual and group activities.

Staff recognised the importance of maintaining good communication with families. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Miss Joanne Serplus has been the Manager in this home since 14 November 2022.

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

Patients spoken with said that they knew how to report any concerns. Review of the home's record of complaints confirmed that these were well managed.

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.

While regular audits were completed to monitor the care and services provided in the home there was no evidence that actions following audits of the home's environment and care plans had been followed up or completed. An area for improvement was identified.

Concerns were identified regarding the effectiveness of the current governance and management arrangements in the home. For instance, not all notifiable events in the home had been reported appropriately to RQIA, competency and capability assessments for the nurse in charge in the absence of the manager were not reviewed on a regular basis and oversight of wound care records did not address the issues identified during the inspection. This was discussed at the meeting on 13 May 2024. Assurances were provided by the management team that all notifiable events will be reported to RQIA appropriately. Supervision has been completed with staff regarding the governance issues identified, and the manager has introduced new governance systems to monitor completion of wound care records. The manager would receive additional support to monitor all areas identified as requiring improvement from the responsible individual and operations manager. An area for improvement has been stated for a second time and a new area for improvement has also been identified.

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, however, they had not identified the issues found during the inspection, including the repeated areas for improvement. An area for improvement was identified.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	7*	3*

* the total number of areas for improvement includes two regulations which have been stated for a second time and one standard which has been stated for a third time.

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: Second time</p> <p>To be completed by: 31 May 2024</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: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken:</p> <p>All newly commenced staff will be required to undertake mandatory induction training appropriate to their job role prior to commencement of undertaking any duties.</p> <p>Management will review induction staff weekly to ensure targets with e-learning are being met.</p> <p>All staff training will be reviewed monthly by management and evidence recorded.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 31 May 2024</p>	<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"> • Patients wounds are dressed as prescribed by nursing staff • All wound care records are accurately completed to reflect the wound care delivered. <p>Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <p>Individual staff supervision sessions have been undertaken with nursing staff to correctly complete and effectively manage wound care documentation. All parts of wound care documentation is now marked as mandatory completion on specific days through linked computer system which highlights the need for completion for all staff. Daily reminders in diary and nurse-in-charge on daily shifts are completing wound audit to ensure that all wound care documentation has been completed correctly.</p> <p>Management is completing a wound documentation audit at least once a week to ensure robust governance of effective wound care management is being met by all nursing staff.</p>

	Nurse meeting held on 24th May 2024, to review progress and ongoing management of wound care documentation following RQIA inspection.
Area for improvement 3 Ref: Regulation 27 (4) (c) Stated: First time To be completed by: With immediate effect (23 April 2024)	The registered person shall ensure that all fire exits are kept clear from obstruction at all times. Ref: 5.2.3 Response by registered person detailing the actions taken: Staff supervisions completed by all staff to understand the importance of keeping fire exits clear from obstruction at all times, environmental audits completed and management follow up. Memo issued to all staff.
Area for improvement 4 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect (23 April 2024)	The registered person shall ensure that all parts of the home to which patients have access to are free from hazards to their safety. Ref: 5.2.3 Response by registered person detailing the actions taken: Store rooms with electrical panels have been fixed with code locks to doors and individual locks to all electrical panels. Memo issued to all staff.
Area for improvement 5 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect (23 April 2024)	The registered person shall ensure that the IPC issues identified during the inspection are addressed. This includes two unclean hoists and multiple toiletries in bathrooms with the potential for shared use. Ref: 5.2.3 Response by registered person detailing the actions taken: Staff supervision completed by all staff to complete allocated daily cleaning regimes and record, nursing staff to review. Staff will ensure that no toiletries are left in bathrooms that have potential for shared use. Completed environmental audits by staff ensure that all IPC issues are addressed with management follow-up.
Area for improvement 6 Ref: Regulation 30 Stated: First time	The registered person shall ensure that all notifiable incidents are reported appropriately to RQIA. Ref: 5.2.5

<p>To be completed by: With immediate effect (23 April 2024)</p>	<p>Response by registered person detailing the actions taken: For the person-in-charge in the absence of the manager, a supervision has been completed regarding of reporting of notifiable incidents are completed appropriately to the RQIA.</p> <p>Monitored on ongoing basis.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (23 April 2024)</p>	<p>The registered person shall ensure that robust monthly monitoring visits are completed to the home and any action resulting from these visits are followed up in a timely manner. Reports should also include reference to the identified areas for improvement and progress with the QIP.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Management will complete follow-up following Reg 29 monthly reports to action plan and address any identified areas of improvement.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 21</p> <p>Stated: Third time</p> <p>To be completed by: With immediate effect (23 April 2024)</p>	<p>The registered person shall ensure a wound observation chart is recorded for each wound dressing change.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: Nurse-in-charge of shift will review that individual wound observations chart is recorded along with each wound dressing change.</p> <p>Management reviews of the above are being completed at least weekly to ensure compliance.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44.11</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (23 April 2024)</p>	<p>The responsible individual shall ensure that the nursing home, including all spaces, is only used for the purposes for which it is registered.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Variation for change of purpose has been sent to RQIA for validation on 26/04/2024.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (30 April 2024)</p>	<p>The registered person shall ensure that there is a robust auditing system in place that assures the safe and effective delivery of quality care in the nursing home. This includes but is not limited to audits of the home's environment and care plans.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Now have a robust auditing system in place with evidence for actions that have been identified are being completed and followed-up by management.</p>

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