

Inspection Report

Name of Service:	Brookmount
Provider:	Brookmount Care Home Ltd
Date of Inspection:	17 February 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Brookmount Care Home Ltd
Responsible Individual:	Mr Leon Desmond Loughran
Registered Manager:	Miss Joanna Serplus
<p>Service Profile – This home is a registered nursing home which provides nursing care for up to 48 patients requiring general nursing care. The home has individual bedrooms and communal spaces including dining and lounge areas and bathrooms.</p> <p>There is an outdoor garden space with seating areas and mature plants.</p>	

2.0 Inspection summary

An unannounced inspection took place on 17 February 2025, between 9.15 am and 2.30 pm by a care inspector.

This inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 23 April 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was established that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

It was positive to note that ten areas for improvement identified at the last inspection were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoken with said they were happy in the home and enjoyed the entertainment. Patients also said staff were available if needed and the home was kept clean. While most patients were complimentary about the meals, two patients said they did not always like the food. This was brought to the manager's attention for her review.

Staff said they were well supported by the manager and received regular training for their role. Staff had no concerns about the staffing levels in the home and said they were kept informed about changes to patient needs.

Patient questionnaires returned confirmed that they felt safe and well cared for in Brookmount. Comments included; "I feel safe here", "The food is lovely", and "I am happy here". However, other comments included "The food is overcooked", and "Staff could answer the bell quicker". These comments were shared with the manager following the inspection for her review.

Responses from the online staff survey were positive with staff said they were very satisfied that the care was safe and the home was well led.

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.

Patients told us 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.

3.3 Inspection findings

3.3.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. The manager retained oversight of staff compliance with their training requirements.

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 and patients did not raise any concerns about the staffing levels in the home. Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty

3.3.2 Quality of Life and Care Delivery

Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Throughout the day staff confirmed that they attended safety briefings to ensure good communication across the team about changes in 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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious.

Observation of the planned activity confirmed that staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

3.3.3 Management of Wounds and Care Records

Patients' needs were assessed by a nurse 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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care.

Review of care records identified that wound care records and observation charts were regularly reviewed and update to ensure wounds were treated as prescribed. The manager had a robust governance system in place to ensure this was completed accurately.

One pressure relieving mattress was incorrectly set for the patient's weight. This was brought to the attention of the manager and addressed. This will be reviewed at the next inspection.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and generally well maintained. For example, patients' bedrooms were personalised with items important to the patient. However, a skirting board required maintenance, lighting in a store required improving and a bin lid was broken. This was discussed with the manager who agreed to address the issues and this will be reviewed at the next inspection.

No concerns were identified regarding the use of rooms in the home outside of their registered purpose.

Observation of the environment confirmed that fire exits were clear of clutter and environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit.

It was also observed that cleaning chemicals were secured or safety stored and electrical switch board access areas were locked and secured to maintain the safety of patients and visitors.

Review of records and observation confirmed that systems and processes were in place to monitor the environment and staff practice to ensure compliance.

It was observed that not all staff were compliant with the bare below the elbow best practice, which was brought to the attention of the manager for her action. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Joanna Serplus has been the Manager in this home since 9 February 2023.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment or the quality of services provided by the home.

Review of the record of reporting of notifiable events in the home provided evidence that this was completed appropriately.

Monthly monitoring visit reports reviewed provided evidence that the areas for improvement and progress from the previous Quality Improvement Plan (QIP) were included and the actions resulting from the visits were followed up in a timely manner.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Joanna 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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 46 Stated: First time To be completed by: 20 February 2025	The Responsible Individual shall ensure staff are compliant with best practice of being bare below the elbow. This is in relation to wearing nail polish. Ref: 3.3.4 Response by registered person detailing the actions taken: All staff have completed supervisions in regards to infection control, best practice of being bare below the elbow and in relation to wearing of nail polish on shift. Management, along with nursing staff continue to carry out spot checks, infection control and hand hygiene audits are continued monthly and recorded.

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



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