

# Inspection Report

<b>Name of Service:</b>	<b>Brookmount</b>
<b>Provider:</b>	<b>Brookmount Care Home Ltd</b>
<b>Date of Inspection:</b>	<b>16 October 2025</b>

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

## 1.0 Service information

<b>Organisation:</b>	Brookmount Care Home Ltd
<b>Responsible Individual:</b>	Leon Desmond Loughran
<b>Registered Manager:</b>	Miss Joanna Serplus
<p><b>Service Profile –</b>  This home is a registered nursing home, which provides nursing care for up to 50 patients with dementia or requiring general nursing care. The home has individual bedrooms and communal spaces including dining and lounge areas and a number of bathrooms.</p> <p>There is also access to a communal garden with mature plants and seating areas for patient use.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 16 October 2025, from 9.40 am to 3.15 pm by a care inspector.

The 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 on 17 February 2025, and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident 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.

As a result of this inspection areas for improvement have either been stated again or will be reviewed at the next inspection. 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 patients, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review 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 the food provided was good, their rooms were kept tidy and clean and staff were looking after them well. Patients raised no concerns about staffing levels or the care provided.

Staff told us they were provided with training for their roles, there was enough staff on duty to meet the needs of the patients and patients were well looked after.

Patient questionnaires returned confirmed that patients were generally satisfied that care was safe and compassionate and staff provided them with the right care when they required this. One respondent said that the mealtime could be very busy and another patient said at times staff were slow to answer call bells. This was shared with the manager following the inspection for her review.

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 food and drink options, and where and how they wished to spend their time.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing includes staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example; activities provided throughout the day.

Review of the system to manage the registration of nurses and care staff evidenced that staff were appropriately registered with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

### 3.3.2 Quality of Life and Care Delivery

Staff 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 and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they 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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, staff supervision in communal areas and the provision of mobility aids.

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 and their diet modified.

Observation of the lunch time meal, review of records and discussion with patients, staff and the manager evidenced that there were robust systems in place to manage patients' nutrition and mealtime 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. Patients who required to have their meals modified were also offered a choice of meal.

The importance of engaging with patients was well understood by the manager and staff. Observation of the planned activities, armchair exercised in the morning and a movie in the afternoon, 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 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.

### 3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. A chipped bath and peeling wall were discussed with the manager for her action and will be reviewed at a future inspection.

Review of a bathroom area identified gloves were stored inappropriately. The manager agreed to address this during the inspection and this will be reviewed at a future inspection.

Throughout the inspection it was observed that cleaning chemicals were not stored appropriately in locked areas when not in use. This was brought to the attention of the manager for immediate action and an area for improvement was identified.

Observation of staff practice identified that staff were not always compliant with best practice guidance of being bare below the elbow. This is in relation to wearing nail polish and false nails. This area for improvement has been stated for a second time.

### 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.

Patients and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

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.

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

#### 4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	1*

\* The total number of areas for improvement includes one standard that has been stated for a second time.

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> 16 October 2025	<p>The Registered Person shall ensure cleaning chemicals are stored appropriately in locked cupboards.</p> <p>Ref: 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            All staff have been reminded that cleaning chemicals must be kept securely kept in locked cupboards when not in use.</p> <p>Continue to complete enviromental audits by staff, ensuring that all issues are addressed with management follow-up.</p>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> Second time  <b>To be completed by:</b> 16 October 2025	<p>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.</p> <p>Ref: 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Staff have been reminded that they must adhere to best practice and ensure that they must not wear nail polish or false nails whilst on duty.</p> <p>Management, along with nursing staff continue to carry out spot checks, infection control and hand hygiene audits are continued monthly and recorded.</p>

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



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