

Inspection Report

3 July 2024



Bramley Cottage

Type of Service: Residential Care Home
Address: 95 Cathedral Road, Lower Desart Lane,
Armagh, BT61 8AR
Tel no: 028 3751 7840

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Amore (Watton) Limited Responsible Individual: Miss Sarah Elizabeth Perez	Registered Manager: Mrs Sara George-Kennedy – Not registered
Person in charge at the time of inspection: Mrs Sara George-Kennedy	Number of registered places: 6
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 5
Brief description of the accommodation/how the service operates: <p>This home is a registered residential care home which provides health and social care for up to six people who have a learning disability. Residents' bedrooms are located on the ground floor and residents have access to communal dining, lounge and garden areas. The first floor is occupied by offices including the manager's office.</p> <p>The bungalow is on the same site as Apple Mews Nursing Home and the manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 3 July 2024 from 10.00am to 4.00pm by a care inspector.

The inspection assessed progress with the areas for improvement identified in the home since the last care inspection and determined if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents were well presented in their appearance and spoke positively when describing their experiences of living in the home. Residents who could not verbally communicate appeared settled and content in their environment and in their interactions with staff.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manger/management team.

An area requiring improvement was identified in relation to staff handovers and details can be found in the Quality Improvement Plan (QIP) at the end of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' 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 residents, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, 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 residents 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 deputy manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with residents and staff. Residents told us that they enjoyed living in the home. Residents were observed interacting comfortably with staff. Interactions were caring and compassionate. Staff told us that they worked well together and enjoyed engaging with the residents. Staff also confirmed that there were good working relationships between staff and the home's management team.

There were no questionnaire responses received from residents or relatives and we received no feedback from the online staff survey.

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 9 June 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 20 (c) (ii) Stated: First time	The registered person shall review the robustness of the system in place to monitor NISCC registrations to ensure that all appropriate employed staff have either applied to or are maintained on the register.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 13 (c) (ii) Stated: First time	The registered person shall ensure that the appropriate oversight is maintained on record keeping of the administration of topical preparations.	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

Pre-employment checks had been completed prior to any new employee commencing work in the home. All staff, completed an induction to become more familiar with the homes' policies and procedures. A booklet was completed to record the topics completed on induction. A list of training was identified for completion as part of the induction process. There were separate inductions for support workers and senior support workers and completed induction booklets were signed off by the inductee and the manager.

Staff had a suite of mandatory training topics to complete annually to maintain their knowledge and skills in order to provide safe and effective care. Training was completed face to face and electronically. Training topics included adult safeguarding, deprivation of liberty, diversity and

inclusion, infection control, food hygiene and fire safety. A system was in place to ensure staff completed their training and evidenced 100 percent compliance on the day of inspection.

Staff confirmed that they received an annual appraisal to review their performance and, where appropriate, identify any training needs. Staff also confirmed that they received recorded supervisions on a range of topics. Team leaders met with staff quarterly for one to one meetings and records of these meetings were kept.

Checks were made to ensure that care staff applied for and maintained their registrations with the Northern Ireland Social Care Council (NISCC). A concern regarding NISCC checks as part of the recruitment process was discussed during the inspection and appropriate actions taken.

Staff were content that the staffing levels in the home met the needs of the residents accommodated in the home at any given time. Three residents required one to one care as part of their assessed needs during specified times of the day and staff confirmed that these one to one arrangements were met at all times. Residents raised no concerns in regards to the staffing arrangements. The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. An allocation of duties for staff to complete during their shift was completed daily by the team leader.

Staff were complimentary of the teamwork in the home. One told us, "The teamwork is brilliant; we all work well together". Staff were observed to work well and communicate well with one another during the inspection.

Staff meetings had been conducted. Topics discussed included audit findings, updates on residents, communication, staff training and staffing roles. Minutes of the meetings were recorded and made available to staff; especially those unable to attend the meeting. Flash meetings were also conducted regularly; this allowed for early identification of any concerns staff may have in relation to patient care. All staff would read the details of flash meetings and sign to confirm that they have read and understood them.

5.2.2 Care Delivery and Record Keeping

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment support plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Support plans were personalised for each resident and focused on how the resident liked to live their life, what or who was important to them, how to keep them safe, their human rights, communication needs and information to help staff get to know them.

Not all staff consulted confirmed that they received a handover of residents' information at the commencement of each shift. This was discussed with the manager and identified as an area for improvement.

Daily logs were completed of each resident's activity during the day. The logs included details of what they had to eat and drink, medication administered, any physical checks, assistance with personal care, family contacts and any social activities that they engaged in. Daily progress notes were completed to evaluate the care delivery during the day/night shift.

A Topical Administration Medication Record (TMAR) file had been created and discussed at staff meetings. Skin checks on patients were recorded daily. Support plans included the creams to be applied to maintain skin integrity.

Creams applied were recorded within the TMAR records. An area for improvement in this regard has now been met. There were no wounds in the home requiring district nursing intervention.

Catering arrangements remained the same as the previous inspection; food was freshly cooked within each bungalow. A new summer menu had been developed and offered a good choice and variety of foods. One resident told us that they regularly have their preferred meals which may not be on the menu. Residents could have their meals when they wished and had access to food and drinks throughout the day. Food served appeared appetising and nutritious. Staff told us that they felt the catering arrangements were working well and that they had no concerns with them. Staff had a good knowledge of residents' nutritional requirements. All staff completed food safety, kitchen safety and dysphagia training as part of mandatory training requirements.

It was observed that staff provided care in a caring and compassionate manner. It was clear through resident and staff interactions that they knew one another well and were comfortable in each other's company.

5.2.3 Management of the Environment and Infection Prevention and Control

During the inspection we reviewed the home's environment including a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. Residents' bedrooms were personalised with items important to them. Bedrooms were suitably furnished and decorated. Appropriate doors leading to rooms which contained hazards to residents had been locked. The home was warm, clean and comfortable. There were no malodours detected in the home.

It was evident that fire safety was important in the home. Staff had received training in fire safety and fire safety checks, including fire door checks and fire alarm checks, were conducted regularly. Corridors in the home were free from clutter and obstruction as were the fire exits should residents have to be evacuated. A fire drill tracker was maintained to ensure that all staff in the home have had the opportunity to be involved in, at minimum, one fire drill annually. Fire extinguishers were easily accessible. The manager confirmed that the required actions from the most recent fire risk assessment had been completed.

There was evidence of checks on the physical environment to ensure cleanliness and infection prevention and control. The team leader allocated daily cleaning duties to staff. Recorded weekly quality walk rounds were completed by the team leader and by the management team to review the cleanliness and infection control in the home. Hand hygiene audits were completed to monitor staffs' practice in this area of care. There were ample supplies of hand hygiene facilities and personal protective equipment. Good compliance on infection control practices were observed during the inspection.

5.2.4 Quality of Life for Residents

Staff knew their residents well and were aware of their individual likes, dislikes, hobbies and interests. It was clear through the daily records that activities were conducted with residents in accordance with their interests and likes.

There were multiple resources in the home for activities, such as, arts and crafts, watching television or listening to music. Residents had access to an outdoors seating area. Residents could avail of the privacy of their own bedroom or join other residents and staff in one of the communal areas. Residents were observed during the day getting their hair done, having hands massaged, playing games, going out for walks and enjoying music.

Activities were conducted on a group or on a one to one basis where this was preferred. Staff had access to a bus and there were weekly outings to local places of interest. Additional staff were drafted in to facilitate social outings. Residents could leave the home with staff during the day for shopping, coffee or walks. There were pictures throughout the home of residents enjoying activities.

A programme of activities was available for review and the residents could join the activity's therapist in the activity room at set times during the week. The programme for activities was a guide and many of the activities conducted with residents were in line with their own personal interests rather than sticking strictly to the programme.

Visiting was open and residents were free to leave the home with family members if they wished. Records of family contacts were maintained.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been no change to the management arrangements. Sara George-Kennedy has been managing the home since 26 June 2023. An application to register as manager with RQIA had been received and was in process. Discussion with the manager and staff confirmed that there were good working relationships between staff and the manager. Staff described the manager as 'approachable' and 'would listen to any concerns'. Staff also confirmed that they had easy access to the manager when they needed to speak with them.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment. Staff had a good understanding of the home's organisational structure should they need to escalate their concern and were aware of the departmental authorities that they could contact should they need to escalate further.

The manager confirmed their own internal governance practices in order to monitor the quality of care and other services provided to residents. A list of weekly and monthly audits were completed to monitor the quality of care. Managers, team leaders and senior support workers had their own nominated audit list to complete. Audits were conducted on, for example, residents' care records, medicines management, activities, housekeeping, dining and nutrition, food safety, staff registrations and staff training.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and completed reports were available for review by

residents, their representatives, the Trust and RQIA. Where improvement actions were required, an action plan was included within the report. The action plan would be reviewed at the subsequent monthly monitoring visit to ensure completion.

A system was in place to manage complaints in the home. There were no recent or ongoing complaints relating to the home. A compliment’s log was completed online and compliments received were shared with the staff.

7.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Residential Care Homes’ Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the Quality Improvement Plan were discussed with Catherine O’Connell, Deputy 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 Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<p>Area for improvement 1</p> <p>Ref: Standard 25.7</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (3 July 2024)</p>	<p>The registered person shall ensure that all staff coming on duty receives a handover of information regarding the residents in their care.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Handovers are completed at the start of each shift. We now evidence this by recording the list of attendees on our electronic care records. Any colleague who misses the main handover will be given a verbal handover by the Team Leader. Content of handovers are also recorded on the electronic care record system for all colleagues to view.</p>

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