

Inspection Report

9 June 2023



Bramley Cottage

Type of Service: Residential Care Home

Address: 95 Cathedral Road, Lower

Desart lane,

Armagh, BT61 8AR

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: Amore (Watton) Limited Responsible Individual: Miss Sarah Elizabeth Perez	Registered Manager: Miss Dawn Elizabeth Rhodie – Not registered
Person in charge at the time of inspection: Miss Dawn Elizabeth Rhodie	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: 4
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 9 June 2023 from 10.00am to 4.00pm 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.

Residents were well presented in their appearance and appeared settled and content in their environment. Comments received from residents and staff are included in the main body of this report.

The staff on duty engaged well with residents in a caring and compassionate manner. It was clear through these interactions that they knew one another well and were comfortable in each other's company. There was a good working relationship between staff and management.

Areas for improvement, remaining unmet from the previous care inspection, have been stated for the second time in relation to topical preparations' record keeping and with staff registration checks. No new areas for improvement were identified during this inspection.

RQIA was assured that the delivery of care and service provided in Bramley Cottage was safe, effective and compassionate and that the home was well led.

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 manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with the residents, the manager and the staff on duty. Residents appeared happy living in the home and were able to choose how they spent their day. The staff told us that they felt that they were trained well and enjoyed working in the home and interacting with the residents.

We received no questionnaire responses or any response from the online 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 26 September 2022		
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.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and this will be discussed further in Section 5.2.1. This area for improvement has not been met and has been stated for the second time.	
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.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and this will be discussed further in Section 5.2.2. This area for improvement has not been met and has been stated for the second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff were recruited safely ensuring all pre-employment checks were checked and verified prior to the staff member commencing their post. Regular checks were made to ensure that care staff applied to and maintained their registrations with the Northern Ireland Social Care Council (NISCC). However, we identified gaps within these checks. This was discussed with the manager and an area for improvement in this regard was stated for the second time.

There were systems in place to ensure staff were well trained and supported to do their job. For example, staff received regular training in a range of topics such as adult safeguarding, challenging behaviours and deprivation of liberty. There was a system in place to ensure staff were compliant with mandatory training requirements. A list of upcoming training was displayed in the staff office. Staff were further supported through staff supervisions and appraisals. Regular one to one supervisions were conducted and a tracker maintained to record the dates of these.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Staff consulted confirmed that they were happy that residents' needs were met with the staffing level and skill mix allocated to work in the home. Staff also confirmed that any one to one, or two to one, arrangements in place were always met. Observation of working practices identified no concerns in relation 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. The duty rota identified the person in charge of the home when the manager was not on duty.

Staff spoke positively on the teamwork in the home. One told us, "The communication between the staff here is brilliant". Staff members were observed to work well and communicate well with one another during the inspection.

5.2.2 Care Delivery and Record Keeping

Staff received a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of residents' needs, their daily routine, wishes and preferences. Care was provided promptly in a caring and compassionate manner.

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

Care plans focused on the social aspects of the residents' lives and also considered physical needs such as moving and handling, nutritional requirements and continence needs. The care plans took human rights into consideration and identified individual likes and dislikes. They identified what made the resident happy and what to do if the resident was unhappy.

Daily records were maintained within support workers' files on how each resident spent their day and which activities they were involved in. These records also recorded the care delivered to residents such as personal care needs, continence needs and nutritional intakes. However, there were multiple gaps identified within Topical Medication Administration Records (TMARs) which are records which are recorded to evidence the administration of, for example, creams to residents' skin. This was discussed with the manager and an area for improvement, previously made in this regard, was stated for the second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There was good availability of food and fluids identified during the inspection. Residents were weighed regularly to monitor for weight loss or weight gain.

The menu offered a choice of meal. Residents could take lunch when they wished to. Food was transferred to the home from the main kitchen on site. Food temperatures were checked on receipt to the home to ensure that food remained warm. The food appeared nutritious and appetising and portion sizes were appropriate for the residents to whom the food was served. Staff wore the appropriate personal protective equipment (PPE) when serving meals and residents wore clothing protectors to protect their dignity. Music, selected by the residents, played in the background during the meal. Dining quality audits were completed to ensure that the residents had a pleasant dining experience.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home. Residents' bedrooms were personalised with items which were important to them. The manager confirmed that they were currently working through a redecoration plan within the home.

Gardens to the front and rear of the home had been well maintained and offered seating areas for residents to enjoy being outside.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. Rooms which contained hazards to residents had been appropriately locked to restrict access to them.

Regular health and safety quality walkarounds reviewed the cleanliness and infection prevention and control measures in the home. All rooms in the home were audited. There was good compliance with infection control identified during the inspection. There were good supplies of PPE and hand hygiene. Staff were reminded to remain bare below the elbow during the inspection to facilitate good hand hygiene practices.

5.2.4 Quality of Life for Residents

A new activity coordinator had recently been recruited for the site. Residents could choose how they spent their day and staff supported residents with their choices. Staff were aware of each resident's hobbies and interests and what they enjoyed to do during the day. Residents were free to leave the home if they wanted to; with staff present to ensure safety. Residents could go outside to sit in the garden area or go to the shop or go for a walk. Pre-arranged bus trips out had been arranged. Records were maintained of how each resident spent their day. Pictures were displayed on the communal corridor of residents enjoying activities.

The home had a safe sensory room where residents can relax and enjoy music or the sensory lights. Residents had bean bags in this room to relax on.

Visiting had returned to pre-covid arrangements in line with Department of Health guidelines. Visiting was open and visits could take place at the residents' preferred visiting area; including their bedrooms. Residents were free to leave the home with their relatives if they wished to go out.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been no changes to the management arrangements. Miss Dawn Rhodie has been the Manager of the home since 3 January 2022. Discussion with the manager and staff confirmed that there were good working relationships between staff and the home's management. Staff told us that they found the manager to be 'approachable' and 'would always listen to any staff concerns'.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Separate monthly audit checklists were identified for managers, team leaders and senior support workers to complete once their nominated audit had been conducted. Areas audited included medicines management, activities, the environment, health and safety, documentation, finance and out of hours service provision.

The manager had a system in place to monitor accidents and incidents that happened in the home. Incident investigation forms were completed to review the actions taken in response to the incident and to identify if any lessons could be learned and shared with staff. Staff had easy access to incident forms and an incident reporting flow chart was displayed in the staff office.

A complaint's log was maintained to detail the nature of any complaints and the corresponding actions made in response to any complaints. There were no recent or ongoing complaints relating to the home. We discussed that any area of dissatisfaction identified from residents or relatives should be recorded as a complaint. We also discussed different ways in which compliments received could be recorded and shared with staff.

Staff told us they were confident about reporting any concerns about residents' safety. Staff were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

The home was visited each month by a representative of the Responsible Individual 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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Reports were available for review by residents and their relatives, the Commissioning Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	2*	0

*The total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Dawn Rhodie, Manager and Catherine Busby, Supporting 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 Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 20 (c) (ii) Stated: First time To be completed by: With immediate effect	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. Ref: 5.1 and 5.2.1
	Response by registered person detailing the actions taken: Monthly checks are in place, separate file for Bramley Cottage. Staff are notified when expiry date is due. It is noted that the NISCC Portal is having problems with recognition of Priory Employees. In current communication with NISCC for rectifying system.
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. Ref: 5.1 and 5.2.2

To be completed by: With immediate effect	
	Response by registered person detailing the actions taken: Recording sheet has been placed in each resident's room for signing at point of administration and checked daily by Senior Support Worker. Creams reviewed with GP for correct administration times.

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



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