

Inspection Report

22 July 2021



Bramley Cottage

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

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: Nicola Cooper	Registered Manager: Kayleigh Hunniford Date registered: 13/04/2021
Person in charge at the time of inspection: Kay Givans	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: 1
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to six persons living with learning disabilities. The home comprises of communal living areas, kitchen, six ensuite bedrooms, a multi-sensory room and a secure garden to the rear of the property.	

2.0 Inspection summary

An unannounced post registration inspection took place on 22 July 2021, from 10:00 am until 14.30 pm completed by a care inspector.

The inspection assessed progress in the homes day to day operation following its registration in April 2021 and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Admission of residents to the home had commenced, the person in charge confirmed all admissions would be done on a gradual basis ensuring time to get to know residents and to ensure adequate staffing levels were in place.

One resident was in the home at the time of inspection; in keeping with their level of understanding they confirmed that living in the home was a good experience. Staff spoke positively about their experiences of working in the home.

One area requiring improvement was identified in relation the completion of inductions for all new staff.

RQIA were 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 management team 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 registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection the resident, and staff were asked for their opinion on the quality of the care; and their experience of living, or working in this home. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the Person in Charge at the conclusion of the inspection the senior manager also dialled in for the feedback.

4.0 What people told us about the service

One resident and two staff were spoken with. Staff supported the resident to be actively involved in decision making. The resident in keeping with their level of understanding indicated they were content living in the home through gestures.

Staff told us there was good team work and that they felt well supported in their role. One staff member expressed that they would like to see the team increase in size, they confirmed they were aware that this would happen as admissions increased. Staff were knowledgeable of the individual needs of the resident.

No completed questionnaires were returned within the identified timescales.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The previous inspection to Bramley Cottage was a pre-registration inspection undertaken on 13 April 2021. There were no areas for improvement identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

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

There were systems in place to ensure staff were trained and supported to do their job. Competency and capability assessment's had been completed for all staff that were left in charge of the home in the managers absence.

There was a system in place to ensure all staff were registered with the Northern Ireland Social Care Council (NISCC). It was noted however, that although inductions had been fully completed for senior care staff, they had not been completed for support workers. This issue was discussed with the person in charge, an area for improvement was identified.

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. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge. Staff told us that there was enough staff on duty to meet the needs of the resident. The person in charge confirmed staffing levels would continue to be reviewed as more residents were admitted to the home.

It was noted that there was enough staff in the home to respond to the needs of the resident in a timely way; and to provide them with a choice on how they wished to spend their day. For example they were supported to go outside and also to participate in table top activities within the home.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Upon arrival at the home the resident and staff were relaxing outside, interactions were observed as being warm and friendly.

Staff were observed to be prompt in recognising the residents needs and supporting them as required. Staffs were observed communicating with the resident respectfully and were sensitive to their needs. Such as asking them how they wanted to have their snack served. At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the resident or significant events within the home. In addition, resident care records were maintained which accurately reflected their needs in a person centred way. Staff were knowledgeable of the individual resident's needs, their daily routine, wishes and preferences.

Where risks were identified in relation to skin care records reflected in detail the plan of care. Where the risk of falling was identified, measures to reduce this risk were put in place. For example equipment used and level of assistance required was clearly reflected.

The person in charge advised if a resident was at risk of falling onward referral arrangements were in place.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Review of one care record showed detailed information in relation to utensils used and how food should be presented.

It was observed that the resident enjoyed their dining experience. Staff had made an effort to ensure they were comfortable, and had a pleasant experience. There was a choice of meals offered for the resident, the food was nicely presented, drinks were also available.

Records showed the resident's needs were assessed at the time of their admission to the home. Following the initial assessment care plans were developed to direct staff on how to meet their needs; and included any advice or recommendations made by other healthcare professionals.

Care records were regularly reviewed and updated to ensure they continued to meet the resident's needs with individual likes and preferences reflected throughout the records. Care plans were detailed and contained specific information on care needs and what or who was important to them.

Daily records were kept of how the resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm, clean and fresh smelling throughout. One bedroom that was in use was personalised with items important to the resident and reflected their individual preferences. Communal areas of the home were well decorated, suitably furnished, warm, clean and tidy.

Fire exits and corridors were observed to be clear of obstruction. Following the inspection the senior manager provided confirmation of the planned date for a home specific fire safety risk assessment to be completed. Previously the home was incorporated to the general site fire safety risk assessment.

Appropriate precautions were in place to manage the risk of infection. There was an adequate supply of personal protective equipment (PPE) and staff confirmed good supplies were maintained. Staff spoken with were knowledgeable on how to use PPE and demonstrated effective hand hygiene. Arrangements were in place to ensure the regional testing strategy was maintained for residents and staff.

5.2.4 Quality of Life for Residents

Staff showed respect and understanding during their interactions with the resident. Staff were calm and polite in their interaction, the resident was observed smiling and interacting positively with staff on an individual basis. Staff demonstrated a good knowledge of the individual needs of the resident.

It was observed that staff offered choices to the resident throughout the day which included preferences for going outside or staying in, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided by staff, records showed the residents preferences were considered when developing an individual activity programme. The range of activities included social, community, and creative events.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff confirmed arrangements were in place to assist the resident to make phone or video calls. This information was also reflected in the residents care records. Visiting arrangements were also in place in keeping with regional guidance.

5.2.5 Management and Governance Arrangements

Prior to the inspection RQIA had been informed that the management of the home was going through a period of transition. Discussion with a senior manager via telephone during the inspection provided assurances that there were secure arrangements in place to support the transition.

There was evidence that a regular system of auditing was in place to monitor the quality of care and other services provided for people living in the home. There was evidence of auditing across various aspects of care and services provided by the home.

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. The clinical lead was identified as the appointed safeguarding champion for the home. It was established that clear systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that there was a system in place to monitor accidents and incident that happened in the home. There were no accidents or incidents recorded since the home opened. There was a system in place to ensure accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints, there had been no complaints received at the time of inspection.

The home had been visited monthly by a representative of the registered provider and report produced to ensure quality assurance and identify actions as required.

6.0 Conclusion

At the time of the inspection the home had been registered for approximately three months, one resident had been admitted. The person in charge confirmed plans were in place to ensure new admissions would be done on a gradual basis with staffing levels increased accordingly.

Staff spoke positively about working in the home, interactions between staff and the resident were warm and friendly. Discussion with the senior manager confirmed there were plans in place to ensure a smooth managerial transition.

As a result of this inspection one area for improvement was identified in respect of staff inductions. Details can be found in the Quality Improvement Plan included.

Based on the inspection findings and discussions held we were satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team.

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' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Kay Givans, Team Leader as part of the inspection process and with a senior manager via telephone at the conclusion of the inspection. 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 (August 2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 23.1</p> <p>Stated: First time</p> <p>To be completed by: 29 July 2021</p>	<p>The registered person shall ensure staff who are newly appointed, agency staff and students are required to complete structured orientation and induction.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All new staff to the home will be allocated a "mentor" to support the induction process. This will be further supported by on line training and face to face training.</p> <p>All new staff are to have one to one review alongside the Home Manager to review progress and ensure the induction is signed and dated as completed. The period of induction is three months. An agency induction checklist is completed for all agency staff prior to working of shift and retained on file.</p>

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



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