

Unannounced Follow Up Care Inspection Report 25 August 2017



Bramblewood Care Centre

Type of Service: Nursing Home
Address: 201 Gransha Road, Bangor, BT19 7RB
Tel No: 028 9145 4357
Inspector: Heather Sleator

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 35 persons.

3.0 Service details

Organisation/Registered Provider: Burnview Healthcare Ltd Responsible Individual(s): Ms Briega Kelly	Registered manager: Ms Jacqueline Bowen
Person in charge at the time of inspection: Monica Costa - Registered Nurse	Date manager registered: 1 April 2005
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 35

4.0 Inspection summary

An unannounced inspection took place on 25 August 2017 from 05.40 to 08.35 hours.

This inspection was carried out following information received from an anonymous telephone caller to RQIA. The purpose of the inspection was to identify possible breaches in the Nursing Home Regulations (Northern Ireland) 2005.

Concerns were raised in relation to the following:

- rising times of patients
- the environment including; water temperatures, the temperature of the home and the use of copper piping as curtain rails
- cleanliness of the kitchen area
- lack of appropriate continence products
- lack of creams and toiletries for patients
- malodour in the home
- garden chair cushions being used in patients bedrooms as fall out mats
- poor pest control

It is not the remit of RQIA to investigate complaints or whistleblowing allegations made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing arrangements
- rising times of patients
- water temperatures
- temperature of the home
- continence products in use
- cleanliness of the kitchen area
- availability of patients’ toiletries and creams/ointments
- pest control

The concerns raised by the anonymous caller were not substantiated during the inspection with the exception of the cleanliness of the kitchen and equipment and the management of clinical waste. It was evident that patients’ needs were being met in a safe, compassionate and effective manner.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jacqueline Bowen, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an announced enforcement compliance care inspection undertaken on 30 June 2017.

No further actions were required to be taken following the inspection on 30 June 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report

During the inspection the inspector met with three staff. Due to the time of the inspection patients were still in bed and we did not disturb them and there were no patients' representatives or visiting professionals in the home.

The following records were examined and actions taken during the inspection:

- staff duty rota from 21 August to 2 September 2017
- temperature of areas of the home
- hot water temperatures in water outlets in patients bedrooms
- review of continence products and continence management
- inspection of the premises
- two patient care records

Areas for improvement identified at the last care inspection of 26 April 2017 were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 June 2017

The most recent inspection of the home was an announced enforcement compliance care inspection undertaken on 30 June 2017.

No further actions were required to be taken following the most recent inspection on 30 June 2017

6.2 Review of areas for improvement from the last care inspection dated 26 April 2017

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 26 April 2017 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.3 Inspection findings

6.3.1 Care Practice

We arrived at the home at 05.40 hours. On arrival, we observed that there were no patients up or sitting in the lounge areas. We completed a tour of the home which evidenced that all of the patients were in bed and all, except a small number were asleep. In discussion with staff they stated they had not been instructed to have a number of patients washed and dressed before day staff commenced duty. There was no evidence to substantiate that patients were being assisted to get up by staff at 05.00 hours.

The care records of two patients were reviewed as both patients had been assisted to get up by night staff at 07.30 hours. The review of both care records evidenced that the assessment of need informed the care planning process and information was present within the care records of the patients sleep patterns.

There was evidence that patients had a range of personal toiletries in their bedrooms. Two trolleys were observed in the communal area which was readily accessible to night staff. The trolleys contained creams/ointments which had been prescribed for individual patients. There was an up to date list secured to each trolley that detailed the name of the patient, the number of the patients' bedroom, the prescribed treatment and the directions for use. There was no evidence to substantiate that there was insufficient stock of creams or toiletries for patients.

We reviewed the management of continence. In discussion staff stated they were aware of patients assessed continence needs as it was stated in patient care records. Staff stated that only prescribed continence products, as per individual care plans, were used. We viewed the store room where continence products were kept. We observed that there was ample stock of a range of continence products however we also observed an open packet of 'puppy training pads.' The nurse in charge stated these had been brought into the home by a relative of a patient and that they were not used. We asked the registered manager to view the stock of these products. The registered manager stated she was unaware that they were there and gave assurances that the remaining stock of the product would be removed. Whilst there was evidence that puppy training pads were in the home we could not substantiate they were being used in respect of the continence management of patients.

We observed the use of fall out mats in a number of patients' bedrooms. The fall out mats were observed to be a standard safety design used in care homes. There was no evidence of garden furniture cushions being used as fall out mats in patients' bedrooms

Areas of good practice

Areas of good practice were observed in respect of staffs knowledge and adherence to the individual continence needs of patients, the arrangements to ensure creams/ointment are used on a personalised basis by patients and that there was no evidence of staff assisting patients up at an early hour of the day when they did not wish to be up.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.2 Staffing Arrangements

In discussion, staff informed of the usual staffing arrangements for night duty. The review of the duty rota from 21 August to 2 September 2017 evidenced that one registered nurse and two care assistants were rostered each night. A twilight care assistant was also rostered from 19.00 to 23.00 hours. Staff stated that there were registered nurse vacancies for night duty and that management were recruiting for the posts. Agency staff were booked until such times as the vacancies were filled and that registered nurses on day duty were also covering some night duties to reduce the impact on patients of a number of different staff in the home.

Staff did not raise any concerns regarding the night staffing arrangements in the home. The review of the duty rota evidenced the block booking of agency staff. Staff stated this was to try and ensure continuity of care and that agency staff received induction when commencing in the home. The registered manager stated that a registered nurse had been appointed and was due to commence in the home in mid-September 2017. The registered manager stated she was satisfied that the night staffing arrangements were appropriate to meet patients assessed needs. The registered manager was advised to ensure that the dependency needs of patients was reviewed on a regular basis and the registered manager advised that this was already been done.

Areas of good practice

Areas of good practice were identified in relation to maintaining, as far as possible, continuity of agency staff working in the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3 The Environment

On arrival the home was found to be warm. The temperature in communal areas was taken on arrival and was 24 degrees. Temperature in bedrooms ranged between 20 to 22 degrees. Consultation had taken place with inspectors from the estates team in RQIA prior to the inspection who had informed of the range of acceptable temperatures. The temperatures evident at the time of the inspection were within an acceptable range for patients comfort. Patients were not observed using additional blankets for warmth during the night. One patient was observed to have a blanket on their bed and no duvet cover. Staff stated this was because the patient did not like a duvet cover. The temperature of the patient's bedroom was within the accepted range of temperatures.

The hot water temperatures were also taken from a number of patients bedrooms throughout the home. The hot water temperatures were all found to be between 38 and 39 degrees and had been sampled by 06.40 hours. The hot water temperatures at the time of the inspection were within an acceptable range.

It had been stated that there was insect activity in an identified bedroom. The floor area of the identified room was viewed and there was no evidence of insect activity. Staff stated that they were not aware of insect activity in any area of the home.

It had been alleged that the home was malodourous at night. On arrival there was a slight malodour at the entrance corridor and in the area immediately outside of a sluice room. This was discussed with the nurse in charge who stated the malodour outside of the sluice room may be due to the clinical waste bags, used during the night, needing to be taken outside. It was advised that the carpet in the entrance area should be shampooed on a more regular basis. Staff should also remove clinical waste bags from the home on a more regular basis during the night. This was identified as an area for improvement under the care standards.

We observed the kitchen area of the home. There was evidence that an oven in the kitchen showed significant wear and tear and that a range of plates and cooking trays were being stored in the oven. Skirting boards were in a poor state and debris was evident on the floor by the skirting boards. Catering trolleys in the kitchen did not appear to have been thoroughly cleaned after use. The sideboard in the dining room and patients breakfast trays evidenced that further cleaning was required. There was no evidence of the inappropriate storage of foodstuffs and there were no foods or fluids left out and visible in the kitchen. The findings regarding the kitchen area were discussed with the registered manager who stated she was aware of the condition of one of the ovens and that this was discussed with a director of the home the previous day. It had been agreed that the oven and equipment stored within would be removed as they were obsolete. The registered manager agreed that the kitchen area required a thorough cleaning. The cleaning of the kitchen and a more robust approach to the monitoring of the cleaning schedules of the kitchen should be established by the registered manager. This was identified as an area for improvement under regulation.

In discussion with maintenance personnel it was stated that new curtain rails had been ordered for a number of bedrooms. It was stated that it had been suggested that a 'bit of copper piping' could be used to secure the curtain rail in one bedroom as the rail did not fit the window properly. However, maintenance staff stated that this had not been tried. There was no visible evidence of the use of copper piping as curtain rails in the home at the time of the inspection.

Areas of good practice

The home was warm and hot water temperature in the water outlets in bedrooms was within an acceptable range of temperature.

Areas for improvement

An area identified for improvement under regulation was with regard to the deep cleaning of the kitchen areas and a more robust approach to the monitoring of the kitchen cleaning schedules by the registered manager.

An area identified for improvement under the care standards was with regard to the more frequent shampoo of carpeting in communal areas and the more frequent removal of clinical waste bags during the night.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline Bowen, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The DHSSPS Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 15 September 2017</p>	<p>The registered person shall ensure the kitchen and dining areas and equipment are thoroughly cleaned and that robust monitoring of the kitchen cleaning schedules is established by the registered manager.</p> <p>Ref: Section 6.3.3</p>
	<p>Response by registered person detailing the actions taken: full kitchen inspection and audit completed on the 25.8.17. Action plan in place. All actions completed and signed off. New items purchased for kitchen. Environmental health Inspection was done on the 15.09.17. Kitchen has received a score of 5 from that inspection. follow up internal inspections completed weekly</p>

Action required to ensure compliance with The Care Standards for Nursing Homes 2015

<p>Area for improvement 1</p> <p>Ref: Standard 44.1 and 46.2</p> <p>Stated: First time</p> <p>To be completed by: 15 September 2017</p>	<p>The registered person shall ensure that the home is kept free of any malodours, as far as possible and the more frequent removal of clinical waste bags during the night.</p> <p>Ref: Section 6.3.3</p>
	<p>Response by registered person detailing the actions taken: all corridor, reception and foyer carpets deep cleaned week beginning 4.9.17 and week beginning 11.09.17. staff have been reminded to remove the clinical waste bags at the designated times</p>

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

Areas for improvement from the last care inspection	
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes 2015	
Area for improvement 1 Ref: Standard 4.10 Stated: Second time	The registered provider should ensure there is a robust system regarding the auditing of care records is established until such times as a consistent approach by registered nurses is in evidence.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 4.9 Stated: First time	The registered provider should ensure that he assessed needs of patients in respect of hydration should be clearly defined and reported on within care records.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 3 Ref: Standard 4.9 Stated: First time	The registered provider should ensure that the outcome of any nursing intervention or activity is accurately recorded within patients care records and in a manner that is not open to interpretation.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.



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