



Unannounced Care Inspection Report 30 April 2018



Bramblewood Care Centre

Type of Service: Nursing Home
Address: 201 Gransha Road, Bangor, BT19 7RB
Tel No: 028 91 454357
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 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 registered nursing home which is registered to provide nursing care for up to 35 persons.

3.0 Service details

Organisation/Registered Provider: Burnview Healthcare Ltd Responsible Individual: Briege Agnes Kelly	Registered Manager: Angelina Santos (acting)
Person in charge at the time of inspection: Angelina Santos	Date manager registered: Angelina Santos – acting, no application required
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 30 April 2018 from 09.30 to 18.00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staffing, the home's environment, communication between residents, staff and other key stakeholders, dignity and privacy and the provision of activities.

Areas requiring improvement were identified under regulation in relation to the assessing and planning of care. Two standards have been restated. One standard, in relation to the robust auditing of patient care records, has been stated for a third and **final** time and the standard in relation to the meaningful evaluations of care has been stated for a second time.

Patients described living in the home in positive terms, comments included "I'm happy enough, staff are very good", refer to section 6.6 for further comments. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	*2

*The total number of areas for improvement includes two standards. One has been stated for the third and final time and the other for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Angelina Santos, 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 dated 25 August 2017

The most recent inspection of the home was an unannounced care inspection in response to whistleblowing allegations, undertaken on 25 August 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 11 patients, five staff and one patient's representative. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

A lay assessor was present during the inspection and their comments are included within this report.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 16 to 29 April 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistleblowing and any other communication received since the previous care inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 25 August 2017

The most recent inspection of the home was an unannounced care inspection in response to whistleblowing allegations. The quality improvement plan of the care inspection of 26 April 2017 was not validated at the time and was carried forward for review at the next inspection.

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

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
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.	Partially met
	Action taken as confirmed during the inspection: The review of three patient care records evidenced shortfalls in the care planning process. These shortfalls were not identified in the most recent audits of patient care records completed in March 2018. This area for improvement has been partially met and has been stated for a third and final time.	
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.	Met
	Action taken as confirmed during the inspection: The review of care documentation evidenced that the management of hydration was clearly defined in patient care records and supplementary care records.	

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.	Not met
	Action taken as confirmed during the inspection: The review of three patient care records did not evidence that the evaluation of care plans reported on the patient's response to planned care. This area for improvement has not been met and has been stated for a second time.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 16 to 29 April 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients and no issues regarding staffing arrangements were raised. Comments from staff included; "I love it here, it's a very friendly place" and "I would recommend this home, great place." We also sought staff opinion on staffing via the online survey. There were no questionnaires completed and returned within the timeframe specified.

The majority of patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Bramblewood, comments included; "the staff are lovely, couldn't get better" and "staff are very friendly." However, comments were received from a small number of patients and included; "staff always seem to be so busy", "they are short staffed" and "staff don't listen to you as they're in such a rush." The manager was informed of the patients' comments and agreed to consider the issues raised. We also sought the opinion of patients on staffing via questionnaires. There were no questionnaires completed and returned within the timeframe specified.

One relative spoken with did not raise any concerns regarding staff or staffing levels and stated staff were very "friendly and approachable." We also sought relatives' opinion on staffing via questionnaires. There were no questionnaires completed and returned within the timeframe specified.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017/18. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the senior manager for the company confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The manager confirmed that there were no ongoing or recent safeguarding concerns relating to the home. Systems were in place to collate the information required for the annual adult safeguarding position report.

We reviewed accidents/incidents records from 1 April 2017 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated and clean throughout. There was a malodour in two areas of the home; this was discussed with housekeeping staff and the manager. The manager agreed to ensure the flooring in the identified areas was shampooed. Patients and representatives spoken with were complimentary in respect of the home's environment however one patient stated they would like their bedroom door to be locked when they are not in the home.

The annual fire risk assessment of the home was undertaken on 14 November 2017. Discussion with the manager and a review of documentation evidenced that the recommendations of the report had been addressed. Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices and the delivery of care, discussion with staff and review of records evidenced that infection prevention and control measures and best practice guidance were consistently adhered to. The review of the most recent infection prevention and control audit evidenced that no shortfalls in practice were recorded. Infection rates were monitored on a monthly basis in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and infection prevention and control.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

Care records contained nursing risk assessments and care plans that had been regularly reviewed and a daily record was maintained to evidence that nursing staff had evaluated the delivery of care. Care records also evidenced that referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians as required. However, shortfalls were identified during the review in relation to wound care management, the management of behaviours that challenge and the management of the administration of medication. A separate wound assessment and observation record should be completed and maintained for each wound; any behaviour displayed by a patient that challenges staff should have a care plan to guide staff and to support the patient and where a patient requires a medication at specific times the care plan should direct staff and/or inform of the importance of adhering to the specified administration times. Details were discussed with the manager during feedback and have been identified as an area for improvement under regulation.

Review of three patient care records evidenced that the evaluation of care did not evidence the patients' response to planned care. This was discussed with the manager and had been identified as an area for improvement at the previous inspection of 26 April 2017 and has been stated for a second time.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, the use of alarm mats. There was also evidence of consultation with relevant persons. Care plans were in place for the management of alarm mats. Restrictive practices were monitored on a monthly basis in the home.

Audits of all patient care records were completed in March 2018. However, where a shortfall had been identified evidence was not present that remedial action had taken place and that this had been verified and signed by the manager. This had previously had been identified as an area for improvement at the inspection of 26 April 2017 and has been stated for a third and **final** time.

Supplementary care charts such as fluid intake charts were reviewed and were being maintained in accordance with professional and best practice standards. Repositioning records did not evidence that staff were reporting on the condition of the patient’s skin at the time of repositioning. This was discussed with the manager who agreed to review and action the recording of repositioning immediately.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

The manager advised that patient meetings were held on a regular basis and chaired by the activities coordinator. Discussion with the manager confirmed that staff meetings were held on a regular basis and records were maintained. The most recent staff meeting was held on 4 January 2018.

Patients spoken with generally expressed their confidence in raising concerns with the home’s staff and/or management. In discussion with the lay assessor issues were raised by three patients. These issues were discussed with the manager who agreed to address the areas identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

The following area was identified for improvement under regulation in relation to the assessing and planning of care.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09.30 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. Patients able to communicate indicated that they enjoyed their meal; comments included "I enjoy the food, can't complain." Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were plentiful and were displayed in the entrance lobby of the home.

There were systems in place to obtain the views of patients and their representatives on the running of the home. This was undertaken by the activities coordinator who had regular patients meetings and satisfaction questionnaires were sent to relatives on an annual basis.

Consultation with 11 patients individually, and with others in smaller groups, confirmed that living in Bramblewood was a positive experience

Patient comments included:

"The staff are very good."

"I'm very happy here."

"You can talk to any of the staff."

"Staff are great, no complaints."

"The staff are lovely, couldn't ask for better."

Other comments received from patients were discussed with the manager and included:

“I want staff to pop their head around the door and ask me if everything’s ok.”
 “Staff always seem to be busy.”
 “I am reasonably well looked after, some staff have selective hearing.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten relative questionnaires were provided; none were returned within the timescale specified.

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. An application for registration with RQIA has not, as yet, been received. A review of the duty rota evidenced that the registered manager’s hours, and the capacity in which these were worked, were not clearly recorded. This was discussed and the manager agreed to do so in future. Discussion with staff, patients and representatives evidenced that the registered manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, infection prevention and control, environment, incidents/accidents and medication. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice. As discussed in section 6.5 there was an exception in relation to satisfactory quality auditing and this was in relation to the auditing of patient care records.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Angelina Santos, 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 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.

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 12 (1) (a) and (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>The registered person shall ensure that the planning of patient care meets individuals' needs and reflects current best practice.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All Nursing staff are reminded and monitored of the importance of all Nursing interventions meet service user's needs and reflects current best practice.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 4.10</p> <p>Stated: Third and final time</p> <p>To be completed by: Immediate</p>	<p>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.</p> <p>Ref: 6.2 and 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A robust Care audit tool was re-introduced and ensure compliance by the Nursing staff.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: Second time</p> <p>To be completed by: Immediate</p>	<p>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.</p> <p>Ref: 6.2 and 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All Nursing staff are reminded and monitored that any outcome of any Nursing Intervention or activity is accurately recorded within the Service User's care records. This is monitored through Care file audits.</p>

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



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