



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of establishment:	Bramblewood Care Centre
RQIA number :	1668
Date of inspection:	31 December 2014
Inspector's name:	Linda Thompson
Inspection number:	20466

The Regulation And Quality Improvement Authority
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1.0 General information

Name of establishment:	Bramblewood Care Centre
Address:	201 Gransha Road Bangor BT19 7RB
Telephone number:	028 91454357
Email address:	bramblewood@hc-one.co.uk
Registered organisation/ registered provider:	HC-One Limited Ms Paula Keys
Registered manager:	Ms Jacqueline Bowen
Person in charge of the home at the time of inspection:	Ms Jacqueline Bowen
Categories of care:	NH-I, NH-PH, NH-PH(E), NH-TI
Number of registered places:	38
Number of patients accommodated on day of inspection:	35
Scale of charges (per week):	£567.00 - £650.00
Date and type of previous inspection:	19 June 2014, Primary unannounced inspection
Date and time of inspection:	31 December 2014, 09.30 to 12.30
Name of inspector:	Linda Thompson

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an unannounced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Method/process

Specific methods/processes used in this inspection include the following:

- discussion with the registered nurse manager
- discussion with staff
- discussion with patients individually and to others in groups
- examination of records pertaining to activities and events
- review of a sample of policies and procedures
- review of a sample of staff training records
- review of a sample of staff duty rotas
- review of a sample of care plans
- evaluation and feedback
- observation during a tour of the premises

5.0 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

STANDARD 19 - CONTINENCE MANAGEMENT

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Bramblewood Care Centre is located on the Gransha Road Bangor. It is within easy access of the town centre and is close to local amenities. The home is set on a medium sized site and provides ample car parking to the front of the building.

The nursing home is owned and operated by HC- One Ltd
The current registered manager is Ms Jacqueline Bowen

Accommodation for patients/ residents is provided on one level.

Communal lounge and dining areas are provided at the front of the building near the main entrance. The home also provides for catering and laundry services.
A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 38 persons under the following categories of care:

Nursing care

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
PH (E)	physical disability other than sensory impairment over 65 years
TI	terminally ill

The certificate of registration is appropriately displayed in the foyer of the home.

7.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Bramblewood Care Centre. The inspection was undertaken by Linda Thompson on 31 December 2014 from 09.30 to 12.30 hours.

The inspector was welcomed into the home by Ms Jacqueline Bowen registered manager who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Ms Bowen at the conclusion of the inspection.

At the commencement of the inspection the inspector was advised that the home was experiencing an infection outbreak and that a number of identified patients were affected. The inspector having considered the implications of this information agreed to continue the inspection process however patient contact was limited to those patients not affected by the infection outbreak. The inspector confirmed that all appropriate infection control measures had been taken to minimise the spread of infection to patients, staff and visitors.

During the course of the inspection, the inspector met with patients and staff. The inspector observed care practices, examined a selection of records, and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 18 June 2014 seven requirements and six recommendations were issued. These were reviewed during this inspection and evidence was available to confirm that all requirements and recommendations have been fully complied with. Details can be viewed in the section immediately following this summary.

Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to patients was evidenced to be of a good standard.

The management of continence within the home requires some improvements in respect of the assessment of patient need, the development of care plans and the availability of professional guidance for staff. The inspector's overall assessment of the level of compliance in this area is recorded as 'Moving Towards Compliance'. Five recommendations are raised to address the identified deficits.

The inspector raised concern regarding the management of pressure area care for one identified patient. This matter is discussed further in section 10.1 below. Two requirements are raised to address this matter.

The home was evidenced to be managing the ongoing infection outbreak in line with regional guidance on infection prevention and control. There were processes in place to ensure the effective management of the theme inspected.

The home's general environment was well maintained and patients were observed to be treated with dignity and respect.

Therefore, two requirements and five recommendations are made following inspection. These are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, the registered manager and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on previous issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	13 (1) (a)	It is required that a system is implemented to ensure patient's wounds are redressed and reviewed as prescribed in the patient's wound management care plan	At the time of the inspection there was only one patient requiring wound care in the home. The records of this identified patient were examined and found to be appropriately maintained in keeping with DHSSPS Nursing Home Minimum Standards 2008, and professional guidance.	Compliant
2.	29 (3)	It is required that the registered person or person delegated by the registered person, visits the home at least once a month.	The inspector examined the records of the monthly unannounced quality assurance audits undertaken by the registered person/delegated person. There was clear evidence that these visits are maintained at least monthly as required.	Compliant
3.	29 (5)	It is also required that a copy of Regulation 29 reports are available in the home on request to persons as stated in Regulation 29 (5).	The inspector examined the records of the monthly unannounced quality assurance audits undertaken by the registered person/delegated person. There was evidence on the patient information board that the reports were available to patients or their representatives. The reports are evidenced to be stored in an area which ensures they are accessible at any time for home staff, HSC Trust representatives or the inspector.	Compliant

4.	29 (4)	<p>It is required that the person conducting the monthly unannounced visit shall interview, with consent, patients and their representatives and persons working at the nursing home as appears necessary to form an opinion of the standard of nursing provided in the home.</p>	<p>The inspector examined the records of the monthly unannounced quality assurance audits undertaken by the registered person/delegated person.</p> <p>There was evidence that the person undertaking the unannounced visit interviewed a number of persons in keeping with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.</p>	Compliant
5.	20 (1) (a)	<p>It is required that the registered person ensures that at all times suitably qualified, competent and experienced persons are working in the nursing home in such numbers as are appropriate to the health and welfare of the patients.</p> <p>The registered person is also required to submit the weekly duty rota to RQIA until further notice.</p>	<p>The inspector examined the staff duty rotas for a number of months and can confirm that the recruitment and selection of registered nursing staff is now resolved.</p> <p>The home was evidenced to be diligent in their submission of the required duty rotas. There was evidence that at all times suitably qualified, competent and experienced persons were working in the nursing home in such numbers as are appropriate to the health and welfare of the patients.</p>	Compliant
6.	14 (2) (b)	<p>A bed mattress should not be used as 'crash' or 'fall out' mattress' as they are not designed to be used in this way. Staff should be made aware of the risks they take if they use equipment outside of its purpose/use.</p>	<p>The inspector can confirm that the home have an appropriate supply of specialised folding 'fall out' mats for use as required.</p>	Compliant

7.	13 (7)	<p>In the interest of infection prevention and control, the following issues are required to be addressed;</p> <ul style="list-style-type: none"> • The back support of a commode chair (identified to the nurse in charge) had a torn covering; this should be made good to provide a surface that can be effectively cleaned. • The armrest of one chair in the small lounge was notably torn and needs recovered. 	<p>The inspector can confirm that the identified commodes and the identified armchair have been replaced.</p> <p>The inspector did not identify any other damaged equipment during the inspection visit.</p>	Compliant
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	25.20	The Whistleblowing Policy should be further developed to include the details of the RQIA as the regulator.	The inspector examined the updated whistleblowing policy and can confirm that it is appropriately maintained.	Compliant
2.	3.4	Any documents from the referring Healthcare Trust should be dated and signed when received.	The inspector examined two patient care records and can confirm that documentation received from the HSC Trust have been appropriately dated and signed.	Compliant
3.	5.2	A comprehensive, holistic assessment of the patient's needs using validated assessment tools is completed within 11 days of admission.	The inspector having examined patient care records can confirm that a comprehensive, holistic assessment of the patient's needs using validated assessment tools is completed within 11 days of admission.	Compliant
4.	5.3	The patient's guide should be further developed to included the roles and responsibilities of named nurse so that prospective patients and their representative are informed and understand the function of the named nurse.	The inspector examined the patient's guide and can confirm that it now includes the roles and responsibilities of the named nurse.	Compliant
5.	5.6	Contemporaneous nursing records should be kept of all nursing interventions.	The inspector can confirm that contemporaneous records are kept of all nursing interventions.	Compliant

6.	30.7	A recommendation is made that the staff duty rota shows clearly staff who were working over a 24 hour period and the capacity in which they were working.	The inspector can confirm that the staff duty rota clearly indicates the staff working over any 24 hour period.	Compliant
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8.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Since the previous care inspection in June 2014, RQIA have received nil notifications of safeguarding of vulnerable adult (SOVA) incidents in respect of Bramblewood Care Centre.

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

<p>Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>The inspector examined two patient's nursing care records and can confirm that a general continence assessment is undertaken for all patients.</p> <p>The assessment documentation examined however failed to demonstrate that the assessments were fully completed in both cases. Gaps in recording and a lack of registered nurses signatures and dates of completion were evidenced in both records examined.</p> <p>There was evidence that urinary continence was appropriately assessed and that care plans were appropriately established. However the management of bowel continence, particularly in respect of constipation was below a satisfactory standard.</p> <p>The inspector was unable to validate in respect of bowel continence that the following had been determined;</p> <ul style="list-style-type: none"> • The patient's normal bowel pattern in respect of frequency and referencing the Bristol Stool Chart • The need for laxative therapy if required • The actions to be taken should the prescribed laxatives be ineffective <p>The inspector was unable to evidence that bowel function was being effectively monitored particularly in respect of patients who required regular or occasional laxative therapy. The effectiveness of laxative therapy should be maintained under continual review.</p> <p>Recommendations are raised.</p> <p>The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate.</p>	<p align="center">Moving towards compliance</p>

Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.	
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STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed:

19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.

COMPLIANCE LEVEL

Inspection Findings:

The inspector can confirm that the following policies and procedures were in place;

- continence management / incontinence management
- stoma care
- catheter care

The inspector was unable to evidence the availability of professional guidance documents such as ;

- RCN continence care guidelines
- British Geriatrics Society Continence Care in Residential and Nursing Homes
- NICE guidelines on the management of urinary incontinence
- NICE guidelines on the management of faecal incontinence

A recommendation is raised.

Moving towards compliance

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

<p>Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Not applicable.</p>	<p align="center">Not applicable</p>
<p>Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discussion with the registered manager and review of training records confirmed that staff were trained and assessed as competent in continence care.</p> <p>Discussion with the registered manager revealed that a number of registered nurses in the home were deemed competent in urinary catheterisation. It is however recommended that the registered manager review the skill set of the registered nursing team to ensure that all registered nursing staff have received refresher training in urinary catheterisation as required.</p> <p>A recommendation has been made in this regard.</p>	<p align="center">Substantially compliant</p>

<p>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</p>	<p align="center">Moving towards compliance</p>
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10.0 Additional Areas Examined

10.1 Wound / pressure area care

The inspector identified one patient reported to have a grade three pressure sore. This wound was identified by night duty staff and recorded in the patient's daily progress records. At this time there was no further action taken to minimise the risks of further skin damage or to promote healing.

The inspector raised the following concerns;

- There was no immediate action plan established to manage the wound and minimise the risks of further skin damage
- A change of position chart was not established
- There was no further mention of the wound in daily progress records by any staff for the following 11 days
- The registered manager informed the inspector that she had not been informed of the wound when it was first identified
- The Braden Pressure Scale being used in the home is incomplete and fails to include the outcome of assessment score.

The inspector discussed the concerns identified at length with the registered manager. A full investigation into the matter should be undertaken and any learning outcomes identified should be appropriately disseminated to staff to minimise the risk of reoccurrence.

The registered manager must review the training of all staff in respect of pressure area care given that staff failed to identify a significant pressure area problem in a patient who should be considered at 'high risk' of pressure sore development.

Two requirements are raised to address the deficits.

10. Quality improvement plan

The details of the quality improvement plan appended to this report were discussed with Ms Jacqueline Bowen, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the quality improvement plan.

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

Enquiries relating to this report should be addressed to:

Linda Thompson
The Regulation and Quality Improvement Authority
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Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



The Regulation and
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Quality Improvement Plan

Secondary Unannounced Care Inspection

Bramblewood Care Centre

31 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the registered manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	13(1)	<p>The registered manager must ensure the following;</p> <ul style="list-style-type: none"> • an investigation is undertaken with all due haste into the circumstances surrounding the management of the identified patient's pressure area damage • learning outcomes must be disseminated to <u>all</u> staff to minimise the risk of reoccurrence • the current Braden Pressure Scale document must be reviewed for completeness. <p>Ref section 10.1</p>	One	<p>An investigation has been completed and counselling has been carried out with the nurse involved</p> <p>Nurses to have supervision on the management of skin damage. This will be reinforced at the nurse meeting on the 4.02.15</p> <p>The current braden scale document has been reviewed to include high risk . This is reviewed monthly or more often if required</p> <p>All patients have a plan of care in place to promote healthy skin and maintain skin integrity . This is reviewed monthly or more often if required</p>	By end of January 2015
2	20(1)(c)(i)	<p>The registered manager must ensure that;</p> <ul style="list-style-type: none"> • <u>all</u> staff are updated in the identification, reporting and management of pressure area damage in keeping with their level of responsibility. <p>Ref section 10.1</p>	One	<p>Supervision has been commenced with care staff on the importance of reporting any concerns with patient's skin. Supervision to be completed with nurses on the management of pressure damage. Nurse meeting planned for 4.02.15</p> <p>all staff to complete the module</p>	By end of February 2015

				' promoting healthy skin' on touch by the end of february	
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Recommendations					
These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	6.2	It is recommended that the registered manager ensures that all assessment documentation is fully completed, signed by the assessing registered nurse and dated. Ref section 9.1	One	Primary nurses to review and update all assessment documentation. This will be monitored during audits	From date of inspection and ongoing.
2	19.1	It is recommended that the registered manager ensure that a detailed and comprehensive assessment of bowel continence is undertaken. This assessment should include; <ul style="list-style-type: none"> • The patient's normal bowel pattern in respect of frequency of movements and referencing the Bristol Stool Chart) • The need if any for laxative therapy • The actions to be taken should the normal pattern not be achieved. • The effectiveness of prescribed laxative therapy should be reviewed as required. 	One	A folder has been set up in the home which includes the following HC-One policies and procedures on management of continence Best practise guidance on incontinence Individual bowel record charts for patient's which refers to the bristol stool chart training records for staff Care plans are in place for toileting and elimination. These will be developed further to	By end January 2015

		<p>Ref section 9.1</p>		<p>include the patients normal bowel pattern and any use of laxative therapy PRN protocols are also in place for those patients prescribed any as required medication including laxative therapy</p>	
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3	19.1	<p>It is recommended that a bowel management care plan be established for any patient requiring nursing intervention such as regular or occasional laxative therapy.</p> <p>Ref section 9.1</p>	One	This is currently being reviewed	By end January 2015
4	19.2	<p>It is recommended that the registered manager source copies of the following professional guidance for staff reference;</p> <ul style="list-style-type: none"> • RCN continence care guidelines • British Geriatrics Society Continence Care Residential and Nursing Homes • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence <p>Ref section 9.2</p>	One	These guidelines are now in place in the Home's continence resource folder	By end January 2015
5	19.4	<p>It is recommended that the registered manager review the skill set of the registered nursing team to ensure that all of the registered nursing staff are updated with refresher training in the management of urinary catheterisation as required.</p> <p>Ref section 9.4</p>	One	<p>Refresher training on catheterisation has been requested from HC-One learning and development department</p> <p>All nurses and senior carers will complete a competency assessment on the safe management of residents with an indwelling Urethral catheter</p>	By end April 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Jacqueline Bowen
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Paula Vines 

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes.	Linda Thoms	9/2/15
Further information requested from provider			