



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 1 October 2019



Bramblewood Care Home

Type of Service: Nursing Home
Address: 201 Gransha Road, Bangor BT19 7RB
Tel No: 0289145 4357
Inspector: Linda Parkes

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.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 35 patients.

3.0 Service details

| | |
|---|---|
| Organisation/Registered Provider: Burnview Healthcare Ltd Responsible Individual: Briege Agnes Kelly | Registered Manager and date registered: Clair O'Connor – 2 January 2019 |
| Person in charge at the time of inspection: Clair O'Connor | Number of registered places: 35 The home is approved to provide care on a day basis for 2 persons. |
| 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 DE – Dementia. TI – Terminally ill. | Number of patients accommodated in the nursing home on the day of this inspection: 32 |

4.0 Inspection summary

An unannounced inspection took place on 1 October 2019 from 09.25 hours to 17.00 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Bramblewood Care Home which provides nursing care.

The inspection assessed progress with areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to staffing, staff training, adult safeguarding, risk management, communication between patients, staff and other professionals and the home's environment. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives, regarding governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified to ensure that fire extinguishers can be easily accessed in the event of an emergency, that dietary supplements prescribed for patients are stored safely in a secure place and that equipment is stored appropriately in order to adhere to infection prevention and control policies, procedures and best practice guidance.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 2 | *3 |

*The total number of areas for improvement includes two which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Clair O'Connor, 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 dated 11 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 11 February 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home

- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

The following records were examined during the inspection:

- duty rota for all staff from 2 September to 6 October 2019
- 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
- one staff recruitment and induction file
- four patient care records
- six patient care charts including food and fluid intake charts, daily care and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 19 July to 5 August 2019
- RQIA registration certificate.

Areas for improvement identified at the last 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 previous inspections

| Areas for improvement from the last care inspection | | |
|---|--|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 27.4 Stated: First time | The registered person shall ensure that fire exits are kept clear and free from obstruction and that fire doors are not wedged open. | Met |
| | Action taken as confirmed during the inspection: Discussion with the registered manager and observation of fire exits and fire doors throughout the home evidenced that they were kept clear and free from obstruction and that fire doors were not wedged open. This area for improvement has been met. | |
| Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time | The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) and that key pads are activated in the areas identified to maintain a safe environment within the home to ensure that patients are protected from hazards to their health. | Met |
| | Action taken as confirmed during the inspection: Discussion with the registered manager and observation of store rooms throughout the home evidenced that all chemicals were securely stored to comply with Control of Substances Hazardous to Health (COSHH) and key pads were activated in the areas identified to maintain a safe environment within the home to ensure that patients are protected from hazards to their health. This area for improvement has been met. | |

| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
|---|--|---------------------------------|
| Area for improvement 1 Ref: Standard 11 Stated: First time | The registered person shall ensure that the programme of activities is displayed in a suitable format in an appropriate location in order that residents know what is scheduled. | Met |
| | Action taken as confirmed during the inspection: Discussion with the registered manager and observation of the activity planner in the reception area of the home evidenced that this area for improvement has been met. | |

| Areas for improvement from the last medicines management inspection | | |
|---|--|--|
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 28 Stated: First time | The registered person shall ensure that the management of warfarin is reviewed and revised. | Carried forward to the next care inspection |
| | Action taken as confirmed during the inspection: 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 29 Stated: First time | The registered person shall ensure there are systems in place to record the administration of thickening agents. | Carried forward to the next care inspection |
| | Action taken as confirmed during the inspection: 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. | |

6.2 Inspection findings

6.3 Is care safe?

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

The registered manager confirmed that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 2 September to 6 October 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. The registered manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Discussion with staff confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No questionnaires were returned within the timescale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Bramblewood Care Home. We also sought the opinion of patients on staffing via questionnaires. Eight questionnaires were returned and indicated they were very satisfied that there are enough staff to help.

One relative spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. One questionnaire was returned within the timescale specified and indicated they were very satisfied that staff had 'enough time to care'.

We discussed the provision of mandatory training with staff. 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. Review of staff training records for 2019 evidenced that staff had attended training regarding moving and handling, behaviours that challenge, first aid, infection prevention and control (IPC), control of substances hazardous to health (COSHH) and fire training.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

We reviewed accidents/incidents records from 5 July to 2 September 2019 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.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

In was noted in an identified bathroom that a large amount of equipment including a specialised chair, perching stools, commodes and toilet frames were inappropriately stored. Also in the activity room it was observed that a mattress and a crash mat were stored. This was discussed with the registered manager and an area for improvement was identified.

Two identified fire extinguishers were observed to have a free standing hair dryer and a chair that is used to weigh patients stored in front of them obstructing access to both extinguishers in the event of an emergency. This was discussed with the registered manager who addressed these concerns without delay to ensure the safety and wellbeing of the patients in the home. An area for improvement under regulation was identified.

An identified store room was observed to be unlocked and a large number of prescribed supplements for patients on modified diets were easily accessible and not stored securely. This could cause potential risk to the health and welfare of patients. This was discussed with the registered manager and an area for improvement under regulation was identified.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were adhered to. We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training, adult safeguarding and the home’s environment.

Areas for improvement

Three areas for improvement were identified to ensure that fire extinguishers can be easily accessed in the event of an emergency, that supplements prescribed for patients are stored safely in a secure place and to ensure that equipment is stored appropriately in order to adhere to infection prevention and control policies, procedures and best practice guidance.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 2 | 1 |

6.4 Is care effective?

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

Review of four patients’ care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed the management of falls, weights, modified diets and restrictive practice. Care records were well documented and contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. Pressure relieving mattress settings for eight patients were checked. All were set in accordance with the patients’ weight.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of bed rails and alarm mats. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician.

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 registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

We observed the serving of the lunchtime meal in the dining room. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room was covered on transfer. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. 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. The menu for the day was displayed in a suitable format.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and communication between patients, staff and other professionals.

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 compassionate?

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

Staff were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect. Staff were also aware of patient confidentiality regarding the handling and use of patient information.

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.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Heartfelt thanks in your dedication and compassion in caring for...during his time at Bramblewood."

"Everytime I visited I found staff who were compassionate and understanding. Your willingness to take time from your busy schedules to talk with me, update me and explain things was so helpful."

During the inspection the inspector met with nine patients, small groups of patients in the dining room and lounges, one patient's relative and four staff. All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Bramblewood Care Home. 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. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Nine questionnaires were returned and indicated they were very satisfied that care is compassionate.

Six patients commented:

"They're very kind and understanding. I'm very satisfied and very happy here."

"Sometimes you wait for the buzzer to be answered, but not often. On one occasion I did complain, it wasn't a very serious complaint. They sorted it out. They are very kind. This is my home and I'm very happy here."

"I feel I'm well looked after. The nurses at times are asked to do too much. I'm more friendly with some staff than others. Some of them are fantastic. Some have their bad days."

"They're very helpful. They really do care."

"They're all encouraging me to reach my goals. My goal is to eventually get back home with my family."

“They always seem to be busy. We have a very good manager here now. I have improved in my mobility in the last year.”

One patient representative commented:

“The staff in general are very good to him.”

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. On the morning of inspection a church service was held in the main lounge. Patients were observed to be responsive and appeared to be enjoying the gathering.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered 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 in maintaining the dignity and privacy of patients and valuing patients and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 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 no change in management arrangements. A review of the duty rota evidenced that the registered manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their 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 registered manager.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care plans, weights and infection prevention and control practices to include hand hygiene.

Discussion with the registered manager and review of records from 19 July to 5 August 2019 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. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Discussion with the registered 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.

The registered manager advised that staff, patient and relatives meetings were held on a regular basis. Minutes were available.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

A staff member commented, "Clair's a good manager as she's firm but fair. She's made a big difference and it's a lot better here now."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/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 Clair O'Connor, 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 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 27.4</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p> | <p>The registered person shall ensure that fire extinguishers can be easily accessed in the event of an emergency.</p> <p>Ref: 6.3</p> |
| | <p>Response by registered person detailing the actions taken: The weighing chair was immediately removed from area where fire extinguishers are located.They are now easily accessible in event of emergency.</p> |

| | |
|--|--|
| <p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p> | <p>The registered person shall ensure that dietary supplements that are prescribed for patients are stored safely in a secure place at all times in order to protect the health and welfare of patients.</p> <p>Ref: 6.3</p> |
| | <p>Response by registered person detailing the actions taken: The store room containing supplements stock and archiving is now locked.Keys held by nurse in charge and home manager.</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 28</p> <p>Stated: First time</p> <p>To be completed by: 10 August 2018</p> | <p>The registered person shall ensure that the management of warfarin is reviewed and revised.</p> <p>Ref: 6.4</p> |
| | <p>Response by registered person detailing the actions taken: Warfarin administration record in place which records dose given,2 signatures and remaining balance.INR results and INR repeat due date recordable.warfarin administration policy updated April 2019.</p> |

| | |
|--|--|
| <p>Area for improvement 2</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 10 August 2018</p> | <p>The registered person shall ensure there are systems in place to record the administration of thickening agents.</p> <p>Ref: 6.5</p> |
| | <p>Response by registered person detailing the actions taken: Fluid intake charts have been adapted to include type of thickener agent,consistency needed and amount of thickener used in each drink.</p> |

| | |
|---|---|
| <p>Area for improvement 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p> | <p>The registered person shall ensure that equipment is appropriately stored in order to comply with infection prevention and control policies, procedures and best practice guidance.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: All equipment removed from large bathroom. Now stored outside and available when needed. Hoists, weighing scale, wheelchairs storage provided inside.</p> |
|---|---|

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care