

Inspection Report

6 January 2022



Bramblewood Care Home

Type of Service: Nursing Home (NH)
Address: 201 Gransha Road, Bangor, BT19 7RB
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Burnview Healthcare Ltd Responsible Individual: Ms Briege Agnes Kelly	Registered Manager: Ms Clair O'Connor Date registered: 2 January 2019
Person in charge at the time of inspection: Ms 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 TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 35
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 35 persons. The home is divided in three units, Cedar Square, Hawthorn Lane and Cherry Tree Walk, all on the ground floor, which provide general nursing care. Patients have access to communal lounges, the dining room, an activity room and a newly completed hairdressing salon with nail bar.	

2.0 Inspection summary

An unannounced inspection took place on 6 January 2022 from 10.20 am to 3.20 pm by a care inspector.

The inspection assessed progress since the last inspection and sought 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 care delivery and maintaining good working relationships.

One area for improvement has been identified in relation to records regarding wound care.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the residents. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were seen to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to patients by staff in an unhurried, relaxed manner.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, relatives and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the area for improvement will further enhance the quality of care and service in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms Clair O'Connor, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with four patients individually, small groups of patients in the reception area, one patient's relative and four staff. Patients told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

Following the inspection no responses to questionnaires were received from patients or their representatives and no staff questionnaires were received within the timescale specified.

A relative spoken with commented:

"The staff are very caring and attentive. They picked up on Mum's ways quickly and know her well. Clair, the manager and the staff have been very supportive to me also and I'm very happy with the care. In fact, Mum's improved since being admitted here".

Four staff members spoken with commented that they are part of a good team and the manager offers them great support.

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

"Thank you and all your staff for the exceptional level of care you provided for Mother over the years. We were always so impressed by your kindness, positive good humour and understanding".

5.0 The inspection

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

Areas for improvement from the last inspection on 19 November 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	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. Ref: 6.2.1	Met
	Action taken as confirmed during the inspection: Review of the storage of dietary supplements that are prescribed for patients, evidenced they were stored, securely in the locked treatment room.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure that infection prevention and control issues regarding notices displayed in the home are managed to minimise the risk and spread of infection. Ref: 6.2.1	Met
	Action taken as confirmed during the inspection: Observation of notices displayed in the home evidenced that they could be wiped clean in order to minimise the risk and spread of infection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment. However, qualification evidence was unavailable to view. This was discussed with the manager who advised she would address the issue and that she was assured that the staff member was appropriately qualified for the role.

Information received by RQIA, on 20 January 2022 from the manager, evidenced that the staff member was suitably qualified for their role.

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 2021 evidenced that staff had attended training regarding adult safeguarding, moving and handling, international dysphagia diet standardisation initiative (IDDSI), control of substances hazardous to health (COSHH) and fire safety.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this. The manager's hours, and the capacity in which these were worked, were clearly recorded.

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

A patient spoken with said:

"I'm happy and content and they look after me well. I've no concerns".

5.2.2 Care Delivery and Record Keeping

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

However, review of two patients' records regarding wound management evidenced that supplementary care records, showed gaps in the recording to confirm that the dressing regimen had been adhered to. Care records for one patient who required regular wound care as directed by the TVN evidenced that the dressing regimen had not been adhered to.

Appropriate risk assessments and evaluations had been completed but some had not been updated for a significant time. This was discussed with the manager and it was agreed that the presence of such records was potentially confusing for nursing staff. An area for improvement under regulation was made.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. The manager advised that dieticians from the local Trust completed a monthly, virtual ward round in order to review and monitor the weight of all patients in the home.

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

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (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), SALT or the Dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patients' needs including, for example, their daily routine preferences. Staff respected patients' privacy and spoke to them with respect. It was also observed that staff discussed patients' care in a confidential manner and offered personal care to patients discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the serving of the lunchtime meal. Staff advised that due to social distancing guidelines, patients were having their meals delivered on trays to their rooms and that those who wished to have their meal in the dining room would also be accommodated. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals.

Adequate numbers of 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.

Two patients spoken with said:

"It's a happy place and the staff are attentive. I enjoyed the savoury mince for lunch".

"I love it here. The food is nice and you get a good selection. The staff are kind. If I need anything they will get it for me".

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm, well decorated, fresh smelling and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

The treatment room, sluice rooms and cleaner's store were observed to be appropriately locked.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting and Care Partner arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of their time in their room and staff were observed supporting patients to make these choices.

There was a range of activities provided for patients by the activity therapist. Discussion with staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients' needs were met through a range of individual and group

activities, such as movement to music and arts and crafts. After lunch, staff facilitated a singalong with a small group of patients who said they enjoyed it.

Staff recognised the importance of maintaining good communication between patients and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

There were suitable systems in place to support patients to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. Discussion with staff, patients and their representatives evidenced that the 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.

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.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

Discussion with the 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 the use of bedrails, pressure relieving mattresses, patients' weight, wounds, care plans and infection prevention and control (IPC) practices, including hand hygiene.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager, Ms Clair O'Connor was identified as the appointed safeguarding champion for the home. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately. Patients and their relatives said that they knew who to

approach if they had a complaint and had confidence that any complaint would be managed well.

The manager advised that patient and staff meetings were held on a regular basis. Minutes of these meetings were available.

Staff confirmed that there were good working relationships and commented positively about the manager and described her as supportive, approachable and advised that any concerns raised were addressed promptly.

A staff member said, "Clair is a great manager who provides us with good leadership. She is committed and is here to support us".

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005**.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Clair O'Connor, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that wound care is delivered in accordance with best practice guidelines and that wound care records are reflective of patients' needs and specialist advice. Risk assessments and evaluations should be regularly updated.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Trained staff made aware of issues around wound documentation and areas for improvement highlighted through inspection. Staff understand the changes needed to become compliant with the regulation.</p>
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