



# Unannounced Care Inspection Report 11 February 2019



## Bramblewood Care Home

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

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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

<b>Organisation/Registered Provider:</b> Burnview Healthcare Ltd  <b>Responsible Individual(s):</b> Briega Agnes Kelly	<b>Registered Manager:</b> Clair O'Connor
<b>Person in charge at the time of inspection:</b> Staff Nurse I Okafor-Ilozue 0630-0720 Deputy Manager G Lavery 0720-0830 Claire O'Connor 0830-1340	<b>Date manager registered:</b> 2 January 2019
<b>Categories of care:</b> 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.	<b>Number of registered places:</b> 35

### 4.0 Inspection summary

An unannounced inspection took place on 11 February 2019 from 06.30 to 13.40 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 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 governance arrangements, management of complaints and incidents, management of falls, care planning, risk assessment, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified to ensure that fire exits are kept clear and free from obstruction and that fire doors are not wedged open, in relation to maintaining a safe environment within the home and that the programme of activities is displayed in a suitable format in an appropriate location in order that residents know what is scheduled.

Patients spoken with during the inspection stated they were content and comfortable in their surroundings. Patients spoke positively regarding their experience of living in the home during the inspection. 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
<b>Total number of areas for improvement</b>	2	1

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 10 July 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 10 July 2018. 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 the inspector met with five patients, small groups of patients in the dining room, one patient's relative and five staff. Questionnaires were also left in the home for patients and patients' representatives for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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 4 to 17 February 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 from 13 to 17 December 2018
- five patient care records
- a sample of governance audits
- complaints record from 9 August to 3 December 2018
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports from September 2018 to January 2019 undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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 10 July 2018**

The most recent inspection of the home was an unannounced medicines management inspection.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 30 April 2018

Areas for improvement from the last care inspection		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) and (b)  <b>Stated:</b> First time	The registered person shall ensure that the planning of patient care meets individuals' needs and reflects current best practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of five patient's care records evidenced that the planning of patient care meets individuals' needs and reflects current best practice. This area for improvement has been met.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4.10  <b>Stated:</b> Third and final 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and observation of care plan audits from October to December 2018 confirmed that a robust auditing system has been established. This area for improvement has been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> Second 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of five patient's care records evidenced that the outcome of any nursing intervention or activity is accurately recorded within patients care records in a manner that is not open to interpretation. This is also monitored through care plan audits. This area for improvement has been met.	

### 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 registered 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 4 to 17 February 2019 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.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with 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; we had no responses 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. No questionnaires were returned within the timescale specified.

One relative spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires; we had no responses within the timescale specified.

One patient's relative said, "Mum's having excellent care and the staff are wonderful. I've no concerns at all."

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. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. 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. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of 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 registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The registered manager is identified as the safeguarding champion.

Review of five 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 accidents/incidents records from 13 to 17 December 2018 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 registered 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.

From a review of four patients' records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

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. On inspection several rooms in different areas of the home were checked, and all had a supply of hot water. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

On inspection the fire exit and corridor beside the laundry had a kitchen trolley, a cleaning trolley and a rail of clothes stored that would cause an obstruction should the home need to be evacuated. Also it was observed in Hawthorn Lane that a hoist had been left in the corridor in front of the fire exit. Two fire doors were observed to be wedged open. One door led to the oxygen store which had access to four oxygen cylinders, hypodermic needles, and prescribed creams for patients. The second fire door observed to be propped open by a metal wedge led to the treatment room where patients' supplements were stored. This was brought to the attention of the registered manager who addressed these concerns without delay to ensure the safety and wellbeing of patients in the home. An area for improvement under regulation was identified.

Observation of the sluice room in both Cherry Tree Walk and Cedar Square evidenced that the doors were unlocked and cleaning materials could be easily accessed. The key pad system to lock both doors had not been activated in order to comply with health and safety procedures and legislation. Also it was noted that a cleaning product and two body wash products had been left on top of a cupboard in an identified bathroom in Hawthorn Lane. A key had been left in the door to the electric plant room containing electric boxes and that could be easily accessed. This was brought to the attention of the registered manager who addressed the matter immediately. It was advised that a key pad would be fitted on the electric plant room door by the home owner. An area of 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 consistently adhered to. We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff. The manager had an awareness of the importance to monitor the incidents of HCAI's and when antibiotics were prescribed.

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.



## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, adult safeguarding, infection prevention and control, risk management and the home's environment.

## Areas for improvement

Two areas for improvement under regulation were identified to ensure that fire exits are kept clear and free from obstruction, fire doors are not wedged open, and in relation to the adherence of the Control of Substances Hazardous to Health to ensure a safe environment is maintained within the home for patients.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

### 6.5 Is care effective?

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

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

We reviewed the management of falls, moving and handling, nutrition, patients' weight and wound care. Care records 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. Care plans were reviewed in relation to patients who wish to rise early in the mornings. These were observed to be well documented.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. 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 changed.

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. The morning handover meeting between the night staff and day staff commencing duty was observed at 07.55. It was noted to be detailed and staff were informed of any changes in individual patient care. There was good staff interaction which gave them the opportunity to clarify instructions, provide information and to ask questions.

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.

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

Patients and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	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 06.30 hours and were greeted by staff who were helpful and attentive. Patients were observed to be comfortable in bed, and staff were beginning to assist patients with personal care 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 or juice.

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. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. The deputy manager advised that details of planned activities were available on social media. We discussed the availability of an activity planner to be displayed in the home. The deputy manager advised that she will arrange that a weekly activity planner is displayed in the home. It is required that the programme of activities is displayed in a suitable format in an appropriate location in order that residents know what is scheduled. An area for improvement was identified.

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 breakfast. 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. Tables were nicely set and meals planned for the day were displayed on the menu. 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.

Three patients said:

"I love my breakfast. It's good to get it made for you."

"It's lovely. I'm enjoying it."

"I'm having cereal. It's very nice."

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

"Thank you for all you did for mum. Words cannot express how good you all are."

"To all the staff. Many thanks for your care, understanding and help with ... I have no hesitation in recommending anyone to Bramblewood."

All patients spoken with commented positively regarding the care they receive and the caring and kind attitude of staff at Bramblewood. 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.

Two patients said:

"I'm happy with the staff and the care I get. I have no concerns."

"I'm very happy here. The staff are lovely and I'm well cared for."

Questionnaires were provided for patients and their representatives across the four domains; we had no responses 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 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, dignity and privacy, and the patient dining experience.

## Areas for improvement

An area for improvement was identified to ensure that the programme of activities is displayed in a suitable format in an appropriate location in order that residents know what is scheduled.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 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. 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/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.

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 service collected equality data on service users and the registered manager was advised of the role of the Equality Commission for Northern Ireland and the availability of guidance on best practice in relation to collecting the data.

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 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 accidents/incidents, care plans, patients' weight and pressure damage.

Discussion with the registered manager and review of records from September 2018 to January 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.

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

Two staff members said:

“I like working at Bramblewood and I’ve no concerns.”

“I enjoy caring for the residents as it’s important to me that they are well looked after. It gives me satisfaction that we are doing a good job.”

### 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
<b>Total number of areas for improvement</b>	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 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><b>Area for improvement 1</b></p> <p>Ref: Regulation 27.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed:</b> Immediate action required</p>	<p>The registered person shall ensure that fire exits are kept clear and free from obstruction and that fire doors are not wedged open.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Items in question were removed immediately. All staff have been made aware again of the importance of ensuring exits are kept clear at all times. Monitored daily. Door wedges were removed and are no longer available for use.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed:</b> Immediate action required</p>	<p>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.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Staff reminded of their training and the risk of unlocked doors. They are to be more diligent in ensuring compliance of locked doors and the use of key pads provided.</p>
<h3>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</h3>	
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed:</b> Immediate action required</p>	<p>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.</p> <p>Ref: Section 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Activity programme is now displayed on notice board for residents, families and staff to see.</p>

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



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