

Inspection Report

Name of Service: Bramblewood Care Home

Provider: Burnview Healthcare Ltd

Date of Inspection: 16 January 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organization/Registered Provider:	Burnview Healthcare Ltd
Responsible Individual:	Mrs. Briege Agnes Kelly
Registered Manager:	Ms. Annie Joy Kamlian –not registered
Service Profile – This home is a registered nursing home which provides nursing care and care for patients with a physical disability for up to 35 patients on the ground floor. Patients have access to communal lounges and the dining room.	

2.0 Inspection summary

An unannounced inspection took place on 16 January 2025 from 10:10 am to 4:45 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 28 September 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection one area for improvement has been stated again and one area for improvement will be reviewed at the next pharmacy inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients told us they were happy with the care and services provided. Comments made included "the food is lovely and I am so well cared for" and "the staff are excellent and very kind".

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff with comments such as "we are very happy with the care of our, the communication is really good"

Questionnaires returned from relatives indicated that they were very happy with the care, the comments included; "Bramblewood always goes the extra mile" and "they are like family, I fully trust them".

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of newly appointed staff recruitment records evidenced that reasons for leaving and gaps in employment were not always explored. An area for improvement was identified.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

An isolated incident was observed where a staff member left medication with a patient and had not observed the administration of the medication. This was discussed with the manager who confirmed that they had addressed this with staff after the inspection.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients who are less able to mobilise require special attention to their skin care. Examination of a number of records for patients' who use pressure relieving equipment, confirmed that care plans lacked detail in regards to the type and setting of the mattress to direct staff on the delivery of this care. This area for improvement was stated for a second time.

Patients were assisted by staff to change their position however, examination of the repositioning records evidenced that entries were not time specific and there was no evidence that staff were checking the patient's skin on a regular basis. This was identified as an area for improvement.

Where a patient was assessed as being at risk of falls, measures to reduce this risk had been put in place however examination of care documentation for patients who had experienced a fall evidenced that neurological observations were not completed for the recommended timeframe and risk assessments had not been updated post fall. This was identified as an area for improvement.

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 and their diet modified.

Discussion with staff confirmed that the planned menu was not always adhered to due to a number of external factors. Assurances were given that a menu variation record would be put in place. This will be reviewed at the next inspection.

The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was clear evident that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with patients was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity schedule was on display. It was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals. Activities planned for the week included painting, armchair exercises and massage therapy.

Patients were well informed of the activities planned and of their opportunity to be involved. Patients looked forward to attending the planned events.

Staff were observed sitting with patients and engaging in discussion. Patients who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

3.3.3 Management of Care Records

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. However, review of one patient's care record, confirmed care plans and associated risk assessments lacked detail to direct care effectively. This was identified as an area for improvement.

Care records were regularly reviewed. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Some areas required attention to ensure the fitness of the environment. These included a number of wardrobes which required to be secured to the wall and some of the communal areas required decluttering. Confirmation was received after the inspection that this had been addressed.

Some infection prevention control (IPC) deficits were noted namely: some identified chairs and cushions were cracked and could not be effectively cleaned. This was identified as an area for improvement.

Observation of the environment identified concerns that had the potential to impact on patient safety; we observed a tin of thickening agent accessible in the dining room and the hairdressing room was unlocked with access to hair products. This was identified as an area for improvement.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Annie Joy Kamlian has been the manager in this home since 15 April 2024. An application for registration with RQIA has been received and is in progress.

Relatives and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, restrictive practices, wound care and falls. In the care plan and environmental audits, there were omissions in relation to when actions were to be addressed. This was identified as an area of improvement.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. Review of these reports evidenced that they were insufficiently robust so as to identify deficits and drive necessary improvements within the home. An area for improvement was identified.

Patients and their relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address their concerns.

Compliments received about the home were kept and shared with the staff team

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	3	7*

* the total number of areas for improvement includes one standard that has been stated for a second time and one that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Annie Joy Kamlian, 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	
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 16 January 2025	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken:</p> <p>A supervision session has been carried out with staff emphasizing the importance of keeping thickening agents in a secure, locked room and /or cupboard.</p> <p>A keypad lock is available on the Hairdressing room door; however, the latch was not engaged at the time of inspection, this is now checked regularly ensuring latch is always engaged.</p> <p>Home Manager and Nurses on duty to monitor.</p> <p>New signage has been put in place to alert staff to keep hair dressing room doors locked.</p>
Area for improvement 2 Ref: Regulation 13 (1) (a) Stated: First time To be completed by: 31 March 2025	<p>The registered person shall ensure that neurological observations are consistently recorded and risk assessments are updated post falls.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken:</p> <p>A supervision was carried out with RNs with regards to the completion of falls management, documentation and</p>

	accountability. Home Manager to monitor compliance of documentations post falls with post falls audit to validate.
Area for improvement 3 Ref: Regulation 29 Stated: First time To be completed by: 31 March 2025	The registered person shall ensure that the monthly monitoring report has a meaningful action plan in place where required that clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement. Ref: 3.3.5
	Response by registered person detailing the actions taken: A discussion was made with the Support Manager to ensure observations and findings are captured in the Reg 29 report, to establish action plans from any deficits to include timeframes of completion.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 4 State First time To be completed by: 30 May 2022	The registered person shall ensure care plans to direct nursing care in the management of distressed reactions and infections are completed for all relevant patients. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 23 Stated: Second time To be completed by: 28 February 2025	The registered person shall ensure that care plans are in place to reflect the needs of any patient at risk of pressure damage. This relates specifically to the use of a pressure relieving mattress for an identified patient. Ref: 2.0 & 3.3.2
	Response by registered person detailing the actions taken: Relevant care plans have been updated, reflecting residents' needs in relation to skin care and detailing mattress type and settings specific to resident's body weight. This will be monitored through the audit process.

<p>Area for improvement 3</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2025</p>	<p>The registered person shall ensure that gaps in employment and reason for leaving are explored in full before staff commence working in the home.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The Home Manager will verify recruitment records from the recruitment team ensuring transparency of employment gaps with an explanation before appointment.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2025</p>	<p>The registered person shall ensure that where a patient has been assessed as requiring repositioning:</p> <ul style="list-style-type: none"> • Skin checks are recorded • entries recorded are time-specific <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: A supervision session was carried out to all care staff on skin inspection and repositioning, whereby observations and changes to skin conditions are documented contemporaneously. Spot checks will be carried out regularly by the Home Manager and /or Nurses on duty.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2025</p>	<p>The registered person shall ensure that a system is in place to monitor the completion of care records following a patient's admission to the home.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: The identified care record is now fully updated and reflects the residents care needs. This will be monitored through the audit process</p>

<p>Area for improvement 6</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2025</p>	<p>The registered person shall ensure the infection prevention and control deficits identified at this inspection are addressed in relation to cushions and chairs.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken:</p> <p>Identified cushions and chairs had been disposed off and replaced.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2025</p>	<p>The registered person shall ensure that deficits identified by the homes audits are included in an action plan that clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement. This is in relation to care plan and environmental audits.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken:</p> <p>A new action plan format has been introduced which clearly identifies actions required, person responsible, timeframe for completion, date completed and comments and outcomes.</p>

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