

Inspection Report

29 September 2022



Bramblewood Care Home

Type of service: Nursing Home
Address: 201 Gransha Road, Bangor, BT19 7RB
Telephone number: 0289145 4357

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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	Registered Manager: Ms Clair O'Connor
Responsible Individual: Mrs Briege Agnes Kelly	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 (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: 33
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 hairdressing salon with nail bar.	

2.0 Inspection summary

An unannounced inspection took place on 29 September 2022 from 09.55 am to 5.10 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.

Two new areas for improvement have been identified in relation to submission of notifications to RQIA and regarding staff training and development plans. The total number of areas for improvement includes one standard which is carried forward for review at the next inspection.

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 members 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, staff and a visiting professional 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 areas 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 five patients individually, small groups of patients in the lounges, seven staff and a visiting professional. Visitors were unavailable to consult with. Patients told us that they felt well cared for, enjoyed the food and that staff members were attentive. Staff said that the manager was approachable and that they felt well supported in their role. A visiting professional told us the manager and staff members were always very helpful.

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

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

“To all for your kindness and being so well looked after during my stay at Bramblewood. The staff members are terrific- many thanks”.

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 30 April 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of records evidenced 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 had been regularly updated.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	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 5.2.1	Carried forward to the next inspection
	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.	

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.

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 2021/2022 evidenced that staff had attended training regarding adult safeguarding, moving and handling, continence care, international dysphagia diet standardisation initiative (IDDSI), Covid-19 refresher training, control of substances hazardous to health (COSHH) and fire safety. However, a training and development plan was unavailable to view to reflect the training needs of individual staff. This was discussed with the manager and an area of improvement was identified.

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 couldn't say a thing about them (staff) as they're all very good and I'm well looked after".

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.

Care records regarding nutrition and wound care were reviewed and evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

Review of a selection of patients' supplementary records regarding food and fluid intake were found to be satisfactory.

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 regular, virtual ward round in order to review and monitor the weight of all patients in the home.

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.

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 members 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.

The transfer of a patient who required assistance from a chair to their wheelchair by two staff, with the use of a hoist was observed. Staff assisted the patient by providing clear explanation, instructions and reassurance whilst maintaining the patient's dignity.

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 in the main dining room. The daily menu was displayed on a menu board showing patients what is available at each mealtime. 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.

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. 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.

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, fresh smelling and clean throughout.

The treatment room, sluice rooms and cleaning store were observed to be appropriately locked.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting them to make these choices. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place. Equipment used by patients such as walking aids and wheelchairs were seen to be clean and well maintained.

In an identified shower room, a wall was noted to be marked and in need of redecoration. This was discussed with Mrs Kelly, Responsible Individual, who advised she was aware of the issue as there had been a water leak and that arrangements were currently being made to refurbish the shower room. This will be reviewed at the next inspection.

Observation of the environment evidenced that a small section of skirting board in an identified en-suite bathroom was in need of repair, an end panel bed board has worn and scratched and required to be refurbished or replaced, a stained chair seat required to be cleaned and wheelchair foot plates had been inappropriately stored in a bathroom. This was discussed with the manager who advised she would address the issues immediately.

Correspondence from the manager on 30 September 2022 confirmed all issues raised have been actioned.

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

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home.

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 members 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 the time in their room and staff were observed supporting patients to make these choices.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the notice board advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities.

Patients were observed chatting to the hairdresser as she attended them. The manager advised a Macmillan Coffee Morning was planned on the morning of inspection to help raise money to support people with cancer.

Mrs Kelly, Responsible Individual advised us 'Long Service Awards' were also being held to recognise and appreciate staff who had reached significant milestones in employment and to acknowledge their contribution to the home.

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.

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 members 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. The manager advised that the provision of day care has been placed on hold due to the current COVID-19 pandemic and it will be kept under review.

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/alarm mats, patients' weight, wounds, care plans, the environment and infection prevention and control (IPC) practices, including hand hygiene.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with regulation. It was noted that appropriate action had been taken at the time by staff and that accidents/incidents were notified, if required, to patients' next of kin and to relevant bodies, for example, the patients' key worker from the local Trust or their General Practitioner (GP). However, on two occasions RQIA were not notified accordingly. This was discussed with the manager and the outstanding notifications were requested and received post inspection, from the manager. An area for improvement was identified.

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 members 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 staff 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 and that a patients' meeting has been scheduled for October 2022. Minutes of previous meetings held 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.

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 and the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	1	2*

* the total number of areas for improvement includes one standard which is carried forward for review at the next inspection.

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	
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: Immediate action required	The registered person shall ensure that appropriate notifications are submitted to RQIA without delay. Ref: 5.2.5 Response by registered person detailing the actions taken: Outstanding reports forwarded to inspector. Staff made aware all accidents should be made available to home manager in order for decision to be made and the correct reporting pathway is followed.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4 Stated: 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 5.1 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 39 Stated: First time To be completed by: Immediate action required	The registered person shall ensure there is a robust written training and development plan that is kept under review and is updated at least annually to reflect the training needs of individual staff. Ref: 5.2.1
	Response by registered person detailing the actions taken: Written training template in place.Completed end October beginning of Nov when staff yearly training due for completion for year 22/23.

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



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