The Regulation and Quality Improvement Authority

Unannounced Care Inspection Report
26 April 2017

Bramblewood Care Centre

Type of Service: Nursing Home
Address: 201 Gransha Road, Bangor, BT19 7RB
Tel No: 028 9145 4357
Inspector: Heather Sleator

1.0 Summary

An unannounced inspection of Bramblewood Care Centre took place on 26 April 2017 from 09.30 to 17.00 hours.

The inspection sought to assess progress with any issues raised during and 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.

Is care safe?

There was evidence of the safe delivery of care. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skill gained, through training, was embedded into practice.

Staffing arrangements were satisfactory and this was confirmed by staff however, one patient and one relative commented via questionnaire that they felt the home was short staffed at times, refer to section 4.5 for comments. A good standard of hygiene and cleanliness was evident throughout the home and it was evident that investment in the internal décor and furnishings of the home had taken place during the year. Observation of the premises evidenced that the ensuite facilities had been removed from a number of bedrooms and an application to vary the registration had not been submitted. Therefore RQIA did not have the opportunity to consider the application and make a decision to grant or refuse this. A retrospective application was received on 19 May 2017. Following a meeting at RQIA on 30 May 2017, a failure to comply notice was issued in respect of The Nursing Homes Regulations (Northern Ireland) 2005; Regulation 32 (h). Refer to section 1.1 for further details.

Is care effective?

There was evidence of positive outcomes for patients. All staff demonstrated a high level of commitment to ensuring patients received the right care at the right time. Each staff member understood their role, function and responsibilities. Staff also confirmed that if they had any concerns they could raise these with the nurse in charge or the registered manager. All grades of staff consulted clearly demonstrated their ability to communicate effectively with patients, with their colleagues and with other healthcare professionals. Two recommendations have been made regarding the management of hydration and the need for registered nurses to be specific when reporting on patients' response to planned care.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

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

The level of engagement in activities from both patients and staff was evidently having a positive impact on the patients' experience and there was a calm and welcoming atmosphere in the home. There were no requirements or recommendations made.

Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

Discussion with the registered manager and staff and the review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. However, a recommendation has been stated for the second time in relation to the quality auditing of care records.

There was evidence of a clear organisational structure and that staff were aware of their roles and responsibilities. A review of care confirmed that the home was operating within their registered categories of care, however, as previously stated, alterations to the home had been completed without consultation with RQIA and a failure to comply notice was issued. Please refer to section 1.1 for further information.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3*

* Refers to a recommendation stated for the second time

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jackie Bowen, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

As a result of this inspection, RQIA were concerned that the quality of services within Bramblewood was below the minimum standard expected regarding alterations to the home being completed without consultation with RQIA. The findings were reported to senior management in RQIA and, consequently, a premises inspection was carried out on 19 May 2017 to ascertain what works had been undertaken. This included an assessment of the overall impact on the facilities and services provided to patients to ensure that these were in accordance with the Care Standards for Nursing Homes, 2015.

Following the inspections, senior management in RQIA agreed that the registered persons would be required to attend a meeting on 30 May 2017 with the intention of issuing a failure to comply notice in regards to a breach of The Nursing Homes Regulations (Northern Ireland) 2005; Regulation 32 (h); whereby the registered person must give notice in writing to RQIA if the premises of the nursing home are significantly altered. The responsible person, Briege Kelly, attended the meeting.

During the meeting Mrs Kelly acknowledged the failure to follow the correct procedure, in that, an application to vary the registration of the nursing home was not submitted prior to the commencement of works. Given this omission and the lack of consultation with RQIA it was confirmed that a breach in The Nursing Homes Regulations (Northern Ireland) 2005 had occurred and therefore a failure to comply notice under Regulation 32 (h) was issued on 31 May 2017.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 3 October 2016. There were no further actions required to be taken following the most recent inspection.

Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Burnview Healthcare Ltd Briege Kelly	**Registered manager:** Jacqueline Bowen
Person in charge of the home at the time of inspection: Jacqueline Bowen	**Date manager registered:** 1 April 2005
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of registered places:** 35

3.0 Methods/processes

Prior to inspection the following information was analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with 11 patients individually, five care staff, ancillary staff and two registered nurses. No relatives met with the inspector at the time of the inspection.

Questionnaires for patients (eight), relatives (10) and staff (10) to complete and return were left for the home manager to distribute. Please refer to section 4.5 for further comment.

The following were examined during the inspection:

- staff roster
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- staff supervision and appraisal planner
- complaints and compliments records
- incident and accident records
- patient care records
- Regulation 29 monthly quality monitoring reports
- records of quality audits
- records of staff, patient and relatives meetings

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 3 October 2017

The most recent inspection of the home was an unannounced medicines management inspection. There were no requirements or recommendations made as a result of the inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 1 June 2016

Last care inspection statutory requirements		**Validation of compliance**
Requirement 1 **Ref:** Regulation 13 (1) (a) **Stated:** First time	The registered provider must ensure that registered nurses are competent in respect of the assessing, planning and evaluating of patient care and do so in accordance with NMC guidelines. **Action taken as confirmed during the inspection**: The review of four patient care records evidenced that care records were maintained in accordance with legislative requirements and best practice standards.	**Met**
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 39 **Stated:** First time	The registered provider should ensure that staff induction training records evidence a consistent approach regarding the completion of records. Induction training records should evidence the signature of the staff member, the inductor and the signature of the registered manager to validate the completion of the induction training programme.	**Met**

	Action taken as confirmed during the inspection: The review of three staff induction training records evidenced that the records had been fully completed by the inductee and the inductor/mentor. The registered manager had not validated the completion of induction training. This was discussed with the registered manager who agreed to do so in future.	
Recommendation 2 **Ref:** Standard 39 and standard 40 **Stated:** First time	The registered provider should ensure that the establishment of the new systems in relation to staff training and staff annual appraisal and supervision are viewed as a priority.	**Met**
	Action taken as confirmed during the inspection: The review of the staff annual appraisal and supervision planner evidenced that a system had been established following new ownership of the home in April 2016. A new system had also been established regarding the recording of and monitoring of staff training.	
Recommendation 3 **Ref:** Standard 4.10 **Stated:** First time	The registered provider should 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.	**Partially Met**
	Action taken as confirmed during the inspection: A system had been established to audit patient care records. The review of the care records audit did not evidence that, where a shortfall had been identified through audit, the required remedial action had been taken.	
Recommendation 4 **Ref:** Standard 35.6 **Stated:** First time	The registered provider should ensure that the re-establishment of the regular monitoring of the quality of nursing and other services provided by the home is a priority.	**Met**
	Action taken as confirmed during the inspection: The review of the quality auditing processes evidenced that systems had been established following new ownership of the home in April 2016.	

4.3 Is care safe?

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. Review of the staffing rota from 10 April to 23 April 2017, evidenced that the planned staffing levels were adhered to. Discussion with patients and staff evidenced that there were no concerns regarding staffing levels. However, one patient and two relatives completed and returned a questionnaire to RQIA following the inspection. Comments were made regarding the staffing arrangements; refer to section 4.5 for further detail.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

A review of three personnel files evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21, schedule 2. Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of registered nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Three completed induction programmes were reviewed. The programmes included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. The registered manager had not signed the record to confirm that the induction process had been satisfactorily completed. This was discussed and the registered manager agreed to validate the completed induction training record in the future.

Training was available via internal face to face training arranged by management and training provided by the local health and social care trust. The review of staff training records evidenced that the registered manager had systems in place to monitor staff attendance and compliance with training. Discussion with the registered manager, staff on duty and a review of records confirmed that systems were in place to ensure that staff received an annual appraisal and regular supervision.

Staff spoken with clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding procedures. A review of documentation confirmed that any safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly quality monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA, since the last care inspection in June 2016, confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and a good standard of cleanliness and hygiene was evident throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

The registered manager stated there had been a number of improvements to the home including; bathrooms and toilets had been repainted, new bedroom furniture had been purchased, new bed linen and bedroom curtains had been purchased and new flooring had been laid in a number of bedrooms. The registered manager also informed RQIA that consultation had taken place with patients regarding the removal of the ensuite facilities in bedrooms. All but three patients agreed to the removal of the ensuite. Vanity basin units replaced the ensuite facilities in the designated bedrooms. In discussion with the registered manager, it was ascertained that RQIA had not been consulted regarding the internal alterations in breach of The Nursing Homes Regulations (Northern Ireland) 2005.

An inspection of the premises was undertaken by Gavin Doherty, Estates Inspector, on 19 May 2017 and is reported under separate cover. This ascertained the works which had been completed. Following the inspections, a meeting was held at RQIA on 30 May 2017 with the intention of serving a failure to comply notice. Mrs Kelly as the registered person was in attendance. During the meeting, Mrs Kelly acknowledged the failure to follow the correct procedure in that an application to vary the registration of the nursing home was not submitted prior to the commencement of works. Given this omission and the lack of consultation with RQIA it was confirmed that a breach in The Nursing Homes Regulations (Northern Ireland) 2005 had occurred and therefore a failure to comply notice under Regulation 32 (h) was issued on 31 May 2017.

Areas for improvement

A failure to comply notice was issued and the actions contained within must be addressed within the specified timeframe to ensure compliance with the Regulations.

Number of requirements	0	Number of recommendations	0

4.4 Is care effective?

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within care records.

Care records generally reflected the assessed needs of patients, and evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. There was one exception; the review of one care record evidenced that some, but not all, registered nurses were reporting on the patient's total fluid intake throughout a 24 hour period. The review of the patient's care plan regarding nutrition and hydration did not evidence why the patient's fluid intake was being monitored. A recommendation has been made the assessed needs of patients in respect of hydration is clearly defined and reported within care records. Recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians were reflected within the care plans and evaluated daily by nursing staff following the delivery of care. Nursing staff were aware of the referral arrangements to other healthcare professionals.

The review of the patients' daily progress record, within the care records, evidenced that contemporaneous nursing records were maintained of all nursing interventions and activities carried out in relation to each patient. However, the outcomes of the interventions did not, in some instances, give clarity and were not specific as to the patient's response to planned care. For example; written statements included "patient took meals/fluids as per chart". A recommendation has been made that registered nurses accurately report the patient's response to planned care in a manner that is not open to interpretation.

Supplementary care charts such as repositioning records and food and fluid intake records, evidenced that records were maintained by care staff in accordance with best practice guidance, care standards and legislative requirements.

Staff confirmed that communication between all staff grades was effective. Senior care assistants attend the shift handover report and then informed the care team of any significant events or changes regarding patients' wellbeing. Staff confirmed the arrangement, supported by a daily allocation work list, provided the necessary information regarding any changes in patients' condition.

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. Staff meetings were evidenced to be held regularly and records of these meeting were maintained. A review of records evidenced that the names of the staff attending were present. Any decisions taken at staff meetings were clearly identified in the minutes.

The serving of the midday meal in the nursing unit was observed. Tables were attractively set with cutlery, condiments and napkins. Those patients who had their lunch in the lounge or their own bedroom were served their meal on a tray which was set with cutlery and condiments and the food was covered prior to leaving the dining room. The meals were nicely presented and smelt appetising. All of the patients spoken with enjoyed their lunch. The day's menu was displayed in the dining room. Registered nurses were observed supervising and assisting patients with their meals and monitoring patients' nutritional intake.

Areas for improvement

The assessed needs of patients in respect of hydration should be clearly defined and reported on within care records.

The outcome of any nursing intervention or activity should be accurately recorded and in a manner that is not open to interpretation.

Number of requirements	0	Number of recommendations	2

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients commented that "the girls are very nice, very helpful to me" and "carers all smile and laugh." 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. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. The activities coordinators chair patients' meetings bi-monthly, the last meeting being 29 March 2017. Topics discussed at these meetings include the menu and activities. Relatives and friends meetings had been planned for January and March 2017. The registered manager stated that, unfortunately, no relatives attended.

The activities coordinators and staff remain very enthusiastic and have developed a varied activities programme. Care staff continue with activities when the activities coordinators are not on duty so as to provide patients with meaningful activity as much as possible. The activities coordinators spend time with those patients who prefer to remain in their bedrooms or not participate in group activities, on an individual basis. This was confirmed by patients who met with the inspector.

In discussion with patients positive feedback and comments were given.

Comments from patients included:
"They're (staff) very good to me."
"The carers are carers."
"I love it here; it's like a holiday home to me."
"Couldn't get anywhere better."
"Nothing in the world would drag me out of here."

Comments received from staff included:
"I love it here."
"Great team of staff."
"Good teamwork, we all help each other out."

Questionnaires

In addition to consultation during the inspection questionnaires were left for patients (8), relatives/representatives (10) and staff (10). Eight patients, two relatives and two staff members returned their questionnaire within the specified timeframe. Whilst all respondents confirmed that they were either satisfied or very satisfied that the delivery of care was safe, effective and compassionate and that the service was well led, some comments were made. One patient commented, "Sometimes I feel there is not enough staff on the floor when needed." A relative commented, "Waiting for care and attention is a problem at times because of staff shortages"

The registered manager was informed via telephone, prior to the issue of the report of the comments received on the returned questionnaires.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.6 Is the service well led?

The registration certificate was up to date and displayed appropriately. A certificate of public insurance liability was current and displayed. A review of care confirmed that the home was operating within their registered categories of care, however, as previously stated, alterations to the home had been completed without consultation with RQIA and a failure to comply notice was issued. Please refer to section 1.1 for further information. In accordance with the actions in the notice, the registered persons must ensure that they operate within their registration status/ statement of purpose, identify gaps in their knowledge of the relevant legislation and ensure that they have a clear understanding of the process to vary the registration of the home.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registered manager confirmed that the policies and procedures for the home had been reviewed and validated by the new ownership, Burnview Healthcare Ltd. The adult safeguarding policy had been revised in accordance with the DHSSPS Adult Safeguarding: Prevention to Protect in Partnership Policy, July 2015. The registered manager agreed to ensure that evidence was present that all staff had read and were familiar with the new policy and procedural guidance.

Discussion with the registered manager and review of the home's complaints record evidenced 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. Staff were knowledgeable of the complaints process.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with staff and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, environment, complaints and incidents/accidents. The results of audits had been analysed and generally evidence was present that the appropriate actions had been taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. Clarity was sought from the registered manager regarding the infection prevention and control audit and the audits of care records as the remedial action taken was not clearly defined. The shortfalls had been addressed in respect of infection prevention and control measures and the registered manager agreed to ensure clarity was present in the future. However, a recommendation of the previous inspection of 1 June 2016 regarding the auditing of care records has been stated for the second time, refer to section 4.2.

Discussion with the registered manager and review of records evidenced that monthly quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jackie Bowen, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref:** Standard 4.10 **Stated:** Second time **To be completed by:** 30 June 2017	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. **Ref: section 4.2**
	Response by registered provider detailing the actions taken: Care records are audited monthly by the Home Manager. A record of care files audited is retained and an action plan is put into place where required
Recommendation 2 **Ref:** Standard 4.9 **Stated:** First time **To be completed by:** 30 June 2017	The registered provider should ensure that he assessed needs of patients in respect of hydration should be clearly defined and reported on within care records. **Ref: section 4.4**
	Response by registered provider detailing the actions taken: This has been discussed with the nursing staff and they review requirements on a daily basis
Recommendation 3 **Ref:** Standard 4.9 **Stated:** First time **To be completed by:** 30 June 2017	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. **Ref: section 4.4**
	Response by registered provider detailing the actions taken: This has been discussed with the nursing staff and is monitored as part of the audits completed by the Home Manager

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

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