

Unannounced Enforcement Care Inspection Report 30 June 2017



Bramblewood Care Centre

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

www.rqia.org.uk

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 provider 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

Organisation/Registered Provider: Burnview Healthcare Ltd Responsible Individual(s): Mrs Briege Kelly	Registered Manager: Ms Jacqueline Bowen
Person in charge at the time of inspection: Ms Jacqueline Bowen	Date manager registered: 1 April 2005
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 35

4.0 Inspection summary

An unannounced inspection took place on 30 June 2017 from 10.00 to 11.00 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 sought to assess the level of compliance achieved in relation to a Failure to Comply (FTC) Notice. The areas identified for improvement and compliance with the regulation were in relation to the non-notification to RQIA of changes made to the environment. The date of compliance with the notice was 30 June 2017.

The following FTC Notice was issued by RQIA:

FTC ref: FTC/NH/1668/2017-18/01 issued on 31 May 2017

Evidence was available to validate compliance with the Failure to Comply Notice.

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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified.

Further enforcement action did not result from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- the failure to comply notice

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 19 May 2017

The most recent inspection of the home was an announced premises inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 26 April 2017

This inspection focused solely on the actions contained within the Failure to Comply Notice issued on 31 May 2017. The areas for improvement from the last care inspection on 26 April 2017 were not reviewed as part of the inspection and are carried forward to the next care inspection. The QIP in section 7.2 reflects the carried forward areas for improvement.

6.3 Inspection findings

FTC Ref: FTC/NH/1668/2017-18/01

Notice of failure to comply with regulation 32 of The Nursing Homes Regulations (Northern Ireland) 2005

Notice of changes

Regulation 32. —

The registered person shall give notice in writing to the Regulation and Improvement Authority as soon as it is practicable to do so, if any of the following events takes place or is proposed to take place –

(h) the premises of the nursing home are significantly altered or extended, or additional premises are acquired.

In relation to this notice the following four actions were required to comply with this regulation.

- The registered person and the registered manager must submit a report to RQIA, in support of the retrospective application now received. The report should include the rationale and decision-making process used for the removal of the en-suite facilities in the identified bedrooms and what alternatives were considered.
- The registered person and the registered manager must ensure that the home operates, at all times, within its registration status and in keeping with the aims and objectives as set out in its statement of purpose.
- The registered person and the registered manager must identify any gaps in their knowledge of the application of relevant legislation, and take appropriate action to rectify.
- The registered person and the registered manager must demonstrate a clear understanding of the process to vary the registration of the home, including timescales and action required.

An unannounced care inspection of Bramblewood Care Centre took place on 26 April 2017. At the inspection the registered manager stated that seven en-suite facilities in patients' bedrooms had been removed, following consultation with the patients and/or their representatives. The registered manager did not know if an application to vary the registration of the home had been submitted to RQIA for approval in advance of the completion of the works. It was later confirmed that an application to vary the registration had not been submitted to RQIA.

An estates inspection took place on 19 May 2017 to ascertain what works had been undertaken within the premises. This included an assessment of the affected bedrooms following the removal of the en-suite facilities and 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 (DHSSPS, 2015).

The failure to submit an application to vary the registration resulted in RQIA not having the opportunity to consider the application and make a decision to grant or refuse the home. The home was therefore operating outside its registration status and statement of purpose, in that; desirable en-suite facilities had been removed from a number of bedrooms without RQIA's approval.

RQIA had concerns about the registered person's and registered manager's lack of knowledge and understanding of the relevant legislation and their responsibility to adhere to legislative requirements at all times.

An enforcement monitoring compliance inspection to the home was undertaken on 30 June 2017. Prior to this the registered person had submitted information detailing the rationale and decision-making process used for the removal of the en-suite facilities in the identified bedrooms and what alternatives were considered. The submitted information was considered by senior management in RQIA. Whilst the provision of the information did not nullify the lack of consultation with RQIA regarding the proposal to remove the en-suite facilities, the information provided clarity as to why the registered person considered the removal of the en-suite facilities to be of benefit to the patients.

Information was also submitted in relation to evidencing that the registered person and the registered manager had met and discussed how the situation had arisen and had discussed if there had been any gaps in their knowledge of the application of relevant legislation. Whilst both the registered person and the registered manager were confident in their knowledge of the relevant legislation it was fully accepted that the registered persons had not complied with their responsibilities to consult with RQIA regarding the matter.

An inspection of the premises confirmed that the works undertaken in the effected bedrooms had been completed to a high standard and patients were satisfied with the outcome. The registered manager stated that staff from the local health and social care trust had met with patients and/or their representatives to confirm that they had been consulted prior to the removal of the en-suite facilities and that they remained satisfied with the outcome. The registered manager stated patients and/or their representatives did not raise any issues or concerns to trust personnel.

Evidence was available to validate compliance with the Failure to Comply Notice.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.4 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection. The attached QIP contains the areas of improvement carried forward from the last care inspection on 26 April 2017. This inspection focused solely on the actions contained within the FTC notice issued on 31 May 2017.

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 DHSSPS Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The registered provider has confirmed that actions have been completed to address the areas for improvement identified during the last care inspection on 26 April 2017 and have returned the completed QIP to Nursing.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Care Standards for Nursing Homes 2015

<p>Area for improvement 1</p> <p>Ref: Standard 4.10</p> <p>Stated: Second time</p> <p>To be completed by: 30 June 2017</p>	<p>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.</p> <p>Ref: section 4.2</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>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.</p> <p>Ref: section 4.4</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>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.</p> <p>Ref: section 4.4</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>



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