The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Bramblewood Care Home**

Provider: **Burnview Healthcare Ltd**

Date of Inspection: **22 January 2026**

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

1.0 Service information

Organisation/Registered Provider:	Burnview Healthcare Ltd
Responsible Individual/Responsible Person:	Mrs Briege Agnes Kelly
Registered Manager:	Mrs Annie Joy Kamlian
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. Patients have access to communal lounges and a dining room. There is also an outside area for patient use.	

2.0 Inspection summary

An unannounced inspection took place on 22 January 2026, from 9.45 am and 6.00 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 pharmacy inspection on 16 December 2025 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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 seven areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next 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 patients, 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 spoken with were complimentary about the care provided by staff in the home. Patients said "We are well looked after, the food is very good and there are no concerns". Friendly interactions were observed throughout the day between staff and patients.

Staff confirmed that they had good support from the manager and said, "The staffing is good, there is a lot of training and the team work is good".

Visitor questionnaires returned confirmed that relatives were happy that the care provided in Bramblewood Care Home was safe; staff were supportive, kind and caring.

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 and food and drink options.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

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

Review of the system to manage the registration of nurses and care staff evidenced that staff were registered appropriately with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

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.

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.

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 may require special attention to their skin care. These patients were assisted by staff to change their position regularly; however, records showed that not all patients were repositioned as directed in their care plan. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, staff supervision or the use of mobility aids.

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 or their diet modified.

The dining experience was an opportunity for patients to socialise. Prior to the mealtime staff held a safety pause to consider those patient who required a modified diet. Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious.

Review of the provision of activities provided in the home evidenced that there was no planned activities displayed on the noticeboard and no activities observed to take place throughout the day of the inspection. This was discussed with the manager for her review and an area for improvement was identified.

While patient meetings were taking place, actions required following these meetings were not documented as having been addressed and the names of attendees was not always recorded. This was discussed with the manager who agreed to add these areas to the records of the meetings. This will be reviewed at a future inspection.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans should be developed to direct staff on how to meet patients' needs and include any advice or recommendations made by other healthcare professionals. Care plans were not always put in place within time frames when patients were admitted to the home. This area for improvement has been stated for a second time.

Patients care records were held confidentially.

A sample of patient care plans confirmed that nursing staff did not always ensure that they reflected the patients' current care needs in relation to the use of call bells. This was discussed with the manager and an area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment Control

The home was generally 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.

Concerns were identified regarding infection prevention and control; for example, signs requiring laminated for cleaning, hoist slings trailing on the floor, unclean equipment and soap dispensers. An area for improvement was identified.

Fluid thickening powders were noted to be accessible and unsupervised when in use, a hairdressing room was unlocked and nail polish remover was in an unlocked drawer in a patient lounge. This was brought to the manager's attention for action and this area for improvement has been stated for a second time.

Patients were seen to be comfortable in lounges spending time with other patients or in their own bedrooms watching television or resting.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Annie Joy Kamlian has been the manager in this home since 15 April 2024.

Patients and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance and visible around the home.

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 addressed. This area for improvement has been stated for a second time.

The use of lap belts was discussed and the manager agreed to add the use of this equipment to restrictive practice audits.

A record of compliments was kept in the home regarding thanks for the care received and compliments about staff practice. This was shared with staff.

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	1*	8*

* the total number of areas for improvement includes one regulation and two standards that have been stated for a second time and two standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs 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:** Second time	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. Ref: 2.0
To be completed by: 22 January 2026	**Response by registered person detailing the actions taken:** Resident safety regarding access to thickening powder has been reinforced with all staff, and they have been reminded that it must never be left unattended. A lockable container with keypad access has been sourced and is now used during tea service so the thickening powder can be secured immediately when not in active use. The faulty keypad lock in the hairdressing room has been replaced and is now functioning correctly to prevent unauthorised access. All chemicals that residents could potentially access have been moved to the staff only store room to ensure safe storage.The Home Manager and nurses on duty will maintain oversight to ensure these safety measures are consistently followed.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 18 **Stated:** First time	The Registered Person shall ensure that patient specific care plans for the management of distressed reactions are in place that include details of prescribed medicines where relevant. Ref: 2.0
To be completed by: 16 December 2025	**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 32 **Stated:** First time	The Registered Person shall ensure that patient specific care plans for the management of pain are in place that include details of prescribed medicines where relevant. Ref: 2.0
To be completed by: 16 December 2025	**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 3 **Ref:** Standard 4 **Stated:** Second time **To be completed by:** 23 January 2026	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. Ref: 2.0
	Response by registered person detailing the actions taken: The admission checklist has been updated to ensure that all documentation required for completing a resident's care file is consistently followed at the point of admission. It highlights key areas that prompt staff to develop person centred care plans based on each resident's assessed needs. This supports timely, accurate, and expected standards of completion. Once all sections are finalised, the documentation is verified to confirm accuracy and compliance.
Area for improvement 4 **Ref:** Standard 35 **Stated:** Second time **To be completed by:** 31 January 2026	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. Ref: 2.0
	Response by registered person detailing the actions taken: The action plan template has been updated so that each deficit identified through care plan and environmental audits is assigned to a specific staff member, along with a clear timeframe for completion. Staff now receive only the actions relevant to them, ensuring clarity of responsibility and improved accountability. Once an action is completed within the agreed timeframe, the responsible staff member signs it off, and the Home Manager verifies completion.
Area for improvement 5 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 23 January 2026	The Registered Person shall ensure that where a patient has been assessed as requiring repositioning this is completed in a timely way as directed in the patients care plan. Ref: 3.3.2
	Response by registered person detailing the actions taken: Staff have been reinforced on the required repositioning processes for patients who require repositioning as directed in their care plan, including the importance of completing documentation accurately and contemporaneously. The nurse in charge and the Home Manager carry out regular spot checks to ensure repositioning is completed as required. Repositioning records are also audited to monitor timeliness, accuracy, and overall compliance.

Area for improvement 6 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 31 January 2026	The Registered Person shall ensure that a regular, meaningful programme of activities is provided and recognised as an integral part of the care process. Ref: 3.3.2
	Response by registered person detailing the actions taken: A monthly programme of meaningful activities is now in place and recognised as part of the overall care process. Activity staff have been instructed to ensure the plan is completed in advance each month so residents and staff are aware of upcoming events. The Home Manager reviews the activity schedule regularly to ensure it is consistently maintained and displayed.
Area for improvement 7 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 31 January 2026	The Registered Person shall ensure a care plan is in place to direct the care for patients who are unable to use a nurse call bell. Ref: 3.3.3
	Response by registered person detailing the actions taken: An hourly check has been implemented for residents who are unable to use a call bell to ensure they are monitored for safety and any need for assistance. The nurse in charge and the Home Manager carry out regular spot checks to confirm this process is being followed. This approach has been incorporated into the relevant residents' care plans to ensure clear direction for staff and consistent implementation.
Area for improvement 8 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 23 January 2026	The Registered Person shall ensure that areas identified, for example; signs requiring laminated for cleaning, hoist slings trailing on the floor, unclean equipment and soap dispensers are addressed. Ref: 3.3.4
	Response by registered person detailing the actions taken: The issues identified during inspection have been fully addressed. Laminated cleaning signage has been installed, hoist slings have been correctly stored, and all equipment and soap dispensers have been cleaned. Compliance is monitored through routine checks by the Home Manager and the nurse on duty.

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