



Bradley Manor
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Belfast
BT14 7GE

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**Unannounced Care Inspection
of
Bradley Manor**

2 and 3 February 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 2 February from 09.55 to 16.15 hours and on 3 of February 2015 from 11.30 to 16.10 hours

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care** of the DHSSPSNI Care Standards for Nursing Homes (2015).

Prior to the inspection information was received by RQIA in relation to concerns about staffing, the delivery of care, mealtime experience and the temperature of the environment. Following discussion with senior management in RQIA it was agreed that the focus of the inspection would be extended to include these areas.

Over the two days of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Bradley Manor which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 24 August 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Amanda Mitchell, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Healthcare Ireland (Belfast) Limited	Registered Manager: Amanda Celine Mitchell
Person in Charge of the Home at the Time of Inspection: Amanda Mitchell	Date Manager Registered: 16 July 2015
Categories of Care: NH-I; NH-DE; RC-DE A maximum of 35 places in category NH-DE to be accommodated on the First Floor. A maximum of 41 places accommodated on the Ground Floor, with a breakdown of 21 places in category RC-DE and 20 places in category NH-I.	Number of Registered Places: 76
Number of Patients Accommodated on Day of Inspection: 70	Weekly Tariff at Time of Inspection: £470 - £643

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively
Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Information was also received by RQIA prior to the inspection regarding concerns in the nursing dementia unit in the following areas:

- staffing and the delivery of care
- mealtime experience for patients
- the temperature of the environment.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Following discussion with senior management, it was agreed that the inspection would also focus on the areas above.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with the patients
- discussion with staff
- review of care records
- observation during an inspection of the premises
- evaluation and feedback.

The inspector met with seven patients individually and with the majority of others in groups, five care staff, four registered nurses and eleven patient's visitors/representative.

Prior to inspection the following records were 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 plan (QIP) from the care inspection undertaken on 24 August 2015
- the previous care inspection report.

The following records were examined during the inspection:

- staff duty rotas
- patient dependency assessments
- four patients' care records
- staff meeting minutes
- residents' meeting minutes
- relatives' meeting minutes
- a selection of policies and procedures
- incident and accident records and audits
- complaints records
- guidance for staff in relation to palliative and end of life care
- monthly quality monitoring reports.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced medicines management inspection on 18 November 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 16 (1) Stated: First time	The registered person shall ensure that a written nursing plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met. This is particularly in relation to wound care.	Met
	Action taken as confirmed during the inspection: There were no nursing patients in the home with wounds or pressure ulcers. A review of the electronic records evidenced that the system had been updated and was now able to record a comprehensive wound assessment at each dressing change. Residential patients received wound care from community nurses as required. This requirement has been met.	
Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 26 criterion 3 Stated: First time	Staff should use a validated pain assessment tool to ascertain if residents with dementia are in pain and respond effectively to the need for pain relief.	Met
	Action taken as confirmed during the inspection: A review of care records evidenced that a validated pain assessment tool was in use for patients and that these were regularly reviewed. Care plans were in place for patients requiring analgesia and these were reviewed at least monthly. This recommendation has been met.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure had recently been made available on breaking bad news which reflected current best practice, including regional guidelines on Breaking Bad News. The registered manager confirmed, by email on 4 February 2016, that the policy has been circulated to staff for their attention.

Staff had not completed training in relation to communicating effectively with patients and their families/representatives. However, staff spoken with were knowledgeable regarding this aspect of care. The registered manager had introduced a new e-learning system and customer care training was available and planned for staff.

Is Care Effective? (Quality of Management)

Care records reflected patient individual needs and wishes regarding end of life care. Records included reference to the patient's specific communication needs such as sensory or cognitive impairments.

A review of care records evidenced that the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate.

There was evidence within care records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs. All patients and / or their representatives signed a form following admission stating that the care plans had been discussed and agreed with the named nurse.

Is Care Compassionate? (Quality of Care)

Discussion with registered nurses and the registered manager demonstrated that staff were able to deliver bad news sensitively. They emphasised the importance of providing time and privacy for discussions. They particularly emphasised the importance of including patients, their representatives and health professionals in discussions regarding their health and welfare. These discussions were evidenced in the care records. One staff nurse was observed to be engaging in conversation with a relative in a private setting. The nurses' body language was observed to be compassionate and demonstrating active listening.

All staff were observed to be responding to patients in a dignified and sensitive manner. Good relationships were evident between staff their patients and representatives. Observations within the dementia nursing unit evidenced that when patients would become distressed and agitated staff were patient and caring. In each case they withdrew if required, until the patients were more receptive to care and enabled the patients to exercise choice.

Multiple cards were on display in the foyer area from relatives commending staff for their care and attention to patients, particularly at the end of life.

Areas for Improvement

No requirements or recommendations were made in relation to this standard.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

A policy on palliative and end of life care was available and this included guidance for staff regarding the management of death and dying. The policy reflected best practice guidance such as the GAIN Palliative Care Guidelines (2013) and included guidance on the management of the deceased person's belongings and personal effects.

Training records evidenced that staff had received training in grief awareness and palliative care within the last year and more training was being held on day one of the inspection, delivered by the trust palliative care team. Palliative care training had also been made available to new staff through the e-learning system.

A number of registered nurses had received syringe driver training and the clinical lead nurse was able to deliver this training in the home and develop the competence of staff.

A comprehensive palliative care resource file was available in each unit and contained up to date guidelines and training resources. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the GAIN Palliative Care Guidelines (2013).

Discussion with staff and a review of care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the registered manager, staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

No concerns were raised by staff in relation to timely access to any specialist equipment or medications out of hours.

Is Care Effective? (Quality of Management)

A review of care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A named nurse was identified for each patient approaching end of life. On discussion with staff and the registered manager it was ascertained that referrals could be made to the specialist palliative care team for advice and support. The staff commented positively on the value of these palliative care services.

A review of notifications of death to RQIA during the previous inspection year evidenced that these had been managed appropriately.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. All staff spoken with were knowledgeable about the patients' expressed wishes and needs as identified in their care plan.

The activities co-ordinator took care to organise religious services from many different denominations and Mass was held every Saturday.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the person's wishes, for family/friends to spend as much time as they wished with the person. All staff confirmed that relatives and friends were always made welcome, particularly as the patient neared end of life. Staff described providing a comfortable chair or making up an empty bed for relatives if they wished to stay overnight. They also provided drinks, snacks and meals if required.

From discussion with the registered manager, staff, relatives and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments records that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the registered manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. From discussion with the registered manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. On review of the minutes of a recent staff meeting it was noted that the registered manager highlighted the strain on staff following several recent deaths in the home and encouraged staff to speak to the senior nursing team for support.

Areas for Improvement

No requirements or recommendations were made in relation to this theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1. Comments of patients, patients' representatives and staff

As part of the inspection process patients, their representatives and staff were consulted. Questionnaires were distributed to patients' representatives and staff.

Patients' comments

Patients consulted were positive about the care provided and the kindness of the staff. Some patients were unable to speak to the inspector but all patients were found to be well presented and comfortable in their surroundings. Patients commented that staff attended to them quickly day or night if they used their call bells. Staff were observed to be responding promptly to call bells. Relationships between patients and staff were observed to be relaxed and friendly.

One patient commented:

"I couldn't say a word about them (the staff). All the staff are very good and come quickly if I need them."

Patients' representatives' comments

The inspector spoke with 11 patients' representatives and four completed questionnaires. All patients' representatives spoke highly of the staff and commented that they were "very kind and attentive".

Some representatives spoken with commented that the care assistants were very busy. One patient's representative was of the opinion that there were insufficient staff to supervise the lounges and complained that the incontinence pads were of poor quality. Please refer to section 5.5.4 for further information regarding staffing.

The concern raised regarding incontinence pads was discussed with the registered manager. The pads in use were a recognised brand and the representative of the company had assisted staff to individually assess patients for the right size and absorbency. The registered manager acknowledged that staff needed to ensure that the correct pad was used and she agreed to continue to monitor their use.

Comments from patients' representatives included the following:

"Staff are very good and kind."

"We couldn't have chosen a better place."

Sometimes I can't find staff when I need them."

"The staff are very busy but I can find a staff when I need them."

"Extremely delighted with this home and the level of care that's provided. Such a relief to feel that my ... is safe and being well looked after. Helps me and my family to relax knowing ...is in a very happy well looked after home and safe environment."

"This is an excellent home in each and every way. They are kind, caring and throughout the home it is always immaculately clean. I would recommend in to anyone."

Staff Comments

Ten questionnaires were issued to staff and seven were returned. Staff were either very satisfied or satisfied that care in the home was safe, effective and compassionate. Comments included:

"...family and friends are encouraged to be with dying friends or relatives as much as they can and Bradley Manor are very supportive of this."

“I love Bradley Manor. It’s hard but rewarding. Teamwork is excellent. We all work well together.”

5.5.2. Environment

The home was observed to be well presented to a good standard of hygiene and décor throughout. The home was opened in July 2015 and there have been issues with settlement cracks in some areas. A schedule of repair and repainting is ongoing.

It was noted in the nursing dementia unit on the first floor that some patients’ bedroom windows had been left open to “air” the room and the rooms were cool.

However, no patients were in these bedrooms. The corridors in this unit were also noted to be quite cool. Patients in the lounges were observed to have lap blankets if they so wished and all patients were appropriately attired. The registered manager confirmed that she and the maintenance staff had been monitoring temperatures and that she had spoken to the housekeeping staff to remind them to close the windows in a timely manner.

A recommendation has been made that the registered persons should monitor and record the temperatures in this unit on a daily basis and to ensure that if deficits are identified, action is taken to ensure the temperature is comfortable for patients. The aligned estates inspector for the home was also informed for their information and attention as required.

5.5.3. Mealtime Experience

The lunch time meal was observed in the dementia nursing unit on the first day of inspection. There are two dining rooms available for patients and the majority of patients chose to have their meals in one of these. Some patients were served lunch in their rooms or in the lounges if they preferred.

Meals were served from a heated trolley by the kitchen staff assisted by care staff. The kitchen assistant had a schedule which noted each patient’s choice of meal and any patients who required a modified diet.

There were two choices available for lunch and the evening meal. Tables were attractively set and a choice of fluids was readily available. Patients were offered clothing protectors or napkins and were assisted to eat and drink in a timely manner by care staff. Patients reported that they were enjoying their meals and care staff were observed to be offering choice and encouragement appropriately.

There was no menu on display in a suitable format for patients. This was discussed with the registered manager. The registered manager stated that the menu was being reviewed by the chef in consultation with the patients and it was intended to create a pictorial menu. A recommendation has been made in this regard.

5.5.4. Staffing and Care Delivery

Two patients’ representatives were of the opinion that more staff would be beneficial. RQIA also received two calls from relatives, prior to the inspection, in relation to staffing concerns, particularly in the nursing dementia unit.

The minutes of a relatives meeting held on 28 January 2016 were reviewed. The registered manager stated that relatives were able to raise any concerns. At this meeting the registered manager agreed to continue to keep staffing levels under review and ensure that staff were appropriately deployed, particularly as more patients were admitted.

The staff duty rota for all units was reviewed along with patient dependency levels which had been updated by the registered manager on 1 February 2016. The dependency levels took into account the physical and cognitive needs of the patients. Staffing levels were found to be consistently above the staffing requirements as indicated by the dependency assessments.

Staff spoken with stated that they were particularly busy in the mornings but were of the opinion that the needs of patients were being met. Staff were also aware of the daily routine in each unit and knew which nurse was in charge on the shift. They all stated that they worked well as a team.

RQIA received one call from a relative concerned regarding the number of falls in the home and they were of the opinion that this was due to staffing levels.

The incident and accident records were reviewed from 1 October 2015 to 31 January 2016. Records were completed as required and the majority of 'falls' did not result in an injury being sustained. Any fall which resulted in injury was managed appropriately.

In addition to completing the accident record a falls audit was completed monthly. Review of these audits evidenced that there was no discernible pattern of times at which falls occurred.

The records evidenced that when a patient was identified who had experienced multiple falls appropriate referrals and actions were undertaken. For example, referrals had been made to the falls prevention team in the local trust when extra advice or support was required. This was also confirmed from a review of two patients' records in relation to falls prevention and management.

The staff and registered manager stated that they practiced person-centred care and promoted patients' independence including mobilising. There was no evidence of any inappropriate restrictive practices in place. Patients had access to equipment to aid their mobility, for example, walking aids, motion sensor alarms, bed mats and low entry beds. Patients were observed to be assisted to mobilise by staff as required. Half hourly visual checks were also in place for some patients and these were found to be consistently completed.

The process for complaints was reviewed in discussion with the registered manager to ensure that relatives knew how to complain if required.

The complaints process was clearly displayed in the front foyer as was the name of the nurse in charge of the home that day. The complaints process was also explained at the relatives meeting. Care assistants spoken with were familiar with how to manage and escalate complaints.

A review of the home's complaints record evidenced that complaints were recorded and managed appropriately.

5.5.5. Monthly Quality Monitoring Reports

The monthly quality monitoring reports were reviewed for December 2015 and January 2016. These were well completed and identified areas for action. However, there were no times to indicate when the visit started and finished. A recommendation has been made that this is included in the report.

Areas for Improvement

A recommendation has been made that the temperatures on the first floor should be monitored and recorded daily and any deficits addressed.

A recommendation has been made that the menu is made available to patients in an accessible format.

A recommendation has been made that starting and finishing times of the monthly quality monitoring visits should be documented on the report.

Number of Requirements:	0	Number of Recommendations:	3
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Amanda Mitchell, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be Completed by: 2 March 2016</p>	<p>Temperatures on the first floor should be monitored and recorded daily to ensure that these meet the standard expected. Any deficits identified should be appropriately addressed and records maintained.</p> <p>Ref: Section 5.5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This is being monitored and additional radiators have been ordered for the corridors</p>
<p>Recommendation 2</p> <p>Ref: Standard 12, criterion 6</p> <p>Stated: First time</p> <p>To be Completed by: 2 March 2016</p>	<p>The menu in the dining rooms should be displayed in an accessible format for patients.</p> <p>Ref: Section 5.5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This has been addressed , menus are displayed in all dining areas in a pictorial format .</p>
<p>Recommendation 3</p> <p>Ref: Standard 35, criterion 7</p> <p>Stated: First time</p> <p>To be Completed by: 1 April 2016</p>	<p>The starting and finishing times of the monthly quality monitoring visits should be documented on the report.</p> <p>Ref: Section 5.5.5</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This has been addressed to include starting and finishing times .</p>

Registered Manager Completing QIP	Mandy Mitchell	Date Completed	15.3.16
Registered Person Approving QIP	Gilbert Yates	Date Approved	15.3.16
RQIA Inspector Assessing Response	Karen Scarlett	Date Approved	16.3.16

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address

Please provide any additional comments or observations you may wish to make below: