

Inspection Report

3 February 2022



Bradley Manor

Type of service: Nursing Home
Address: 420 Crumlin Road,
Belfast, BT14 7GE
Telephone number: 028 9074 5164

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited</p> <p>Responsible Individual: Ms Amanda Mitchell</p>	<p>Registered Manager: Miss Methyl Dagooc – Not registered</p>
<p>Person in charge at the time of inspection: Miss Methyl Dagooc</p>	<p>Number of registered places: 60</p> <p>A maximum of 41 places in category NH-DE to be accommodated on the First Floor and a maximum of 19 places in category NH-I to be accommodated on the Ground Floor</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 59</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 60 patients. The home is divided into three units over two floors. The Linen Unit on the ground floor provides general nursing care. The City View and North View Units on the first floor provide care for patients living with dementia. Patients have access to communal lounges, dining rooms and a large enclosed garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 3 February 2022 from 9.30 am to 6.05 pm. The inspection was carried out by two care inspectors.

Prior to the inspection, RQIA received information from the Belfast Health and Social Care Trust (BHSCT) which raised concerns in relation to care provision to patients, nutritional care and the mealtime experience, staffing arrangements and managerial oversight. RQIA attended a meeting with the home's management team, including the Manager and the Responsible Individual, and representatives from the BHSCT, on 7 January 2022, at which the home's management team agreed to develop an action plan in order to address the identified deficits within an agreed timeframe.

In response to this information, RQIA decided to undertake an inspection to the home which focused on the areas of concern identified. The inspection also assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients said they felt well looked after. Patients unable to voice their opinions were observed to be comfortable and content in their surroundings and in their interactions with staff.

Staff said that they enjoyed working in the home, although, some staff commented that staffing levels could be better and that they did not always feel well supported in their role.

The outcome of the inspection confirmed that patients looked well cared for and staff were seen to treat them with kindness and compassion. Staff displayed their knowledge of individual patient's care needs and stated that their own training needs were met. The mealtime experience requires improvement to ensure this is a well-managed and a positive experience for all patients. While staffing levels allowed staff to meet the assessed needs of the patients in a timely manner, staffing pressures were identified due to a reliance on agency staff and newly recruited staff. It was positive to note that staff recruitment was ongoing although it will take time for agency and new staff to gain experience and familiarity with the patients and the daily routine.

Areas requiring improvement were identified regarding the mealtime experience, clinical waste management and oversight of patients' total daily fluid intake.

The inspection outcome was shared with representatives from the BHSCT following the inspection.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the 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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home and how staff went about their work was observed.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients said that they felt well looked after and that staff were helpful and friendly. Staff were observed attending to patients in a timely way. Patients who were less well able to tell us about how they found life in the home were seen to be relaxed in their surroundings and in their interactions with staff. Patients' comments included that "staff are very pleasant" and "I am getting the help I need."

Staff said that they were very busy and some stated that staffing levels could be improved. Staff acknowledged that it takes time for new staff and agency staff to become familiar with patients and the daily routine and this can result in tasks taking more time to be completed. However, staff also said that "I do enjoy it (working within the home)" and "it is a lovely place to work."

We spoke with a number of relatives during the inspection; one relative stated that they did not always feel listened to as some issues, such as clothing choices and meals, were not consistently managed. Another relative said that communication was satisfactory and that their loved one generally looked very well.

A record of compliments and thank you cards received about the home was kept and shared with the staff team, this is good practice.

No completed questionnaires or responses to the staff survey were received following the inspection.

Comments made by patients, staff and relatives were brought to the attention of the management team for information and appropriate action.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 22 & 23 July 2021

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Standard 6 (14) Stated: First time	<p>The registered person shall ensure that patients' personal care needs, including oral care, are regularly assessed and met. Care plans for personal care should include a record of patients' oral care needs and the daily record should include an evaluation of oral care provided, if this was declined or if any challenges had been experienced in this area.</p>	Met
	<p>Action taken as confirmed during the inspection: Observations of patients and review of care records evidenced that this area for improvement had been met.</p>	
Area for improvement 2 Ref: Standard 44 Stated: First time	<p>The registered person shall ensure that cleaning schedules for the small kitchens are reviewed in order to clearly identify which staff team are responsible for cleaning all areas in these kitchens on a daily basis. A record of daily and deep cleaning should be maintained. There should be an effective system in place to maintain daily oversight of these kitchen areas in order to ensure that they are kept clean and tidy.</p>	Not met
	<p>Action taken as confirmed during the inspection: There was evidence that cleaning schedules had been reviewed, however, in one snack kitchen no schedule was in place and in the others the schedules were not up to date. See Section 5.2.3 for more detail.</p> <p>This area for improvement has not been met and is stated for the second time.</p>	
Area for improvement 3 Ref: Standard 44 Stated: First time	<p>The registered person shall ensure that an audit of all pedal bins and seating is completed in order that faulty pedal bins are replaced and that arrangements are made to either reupholster or replace identified chairs.</p>	Met
	<p>Action taken as confirmed during the inspection: Observations of the environment and review of records evidenced that this area for improvement had been met.</p>	

Area for improvement 4 Ref: Standard 30 Stated: First time	The registered person shall ensure that thickening agents are safely and securely stored and are not accessible to patients.	Met
	Action taken as confirmed during the inspection: Observations of the environment evidenced that this area for improvement had been met.	
Area for improvement 5 Ref: Standard 46 Stated: First time	The registered person shall ensure that equipment is cleaned according to the schedules in place but also as and when necessary in order to ensure compliance with best practice in infection prevention and control measures.	Met
	Action taken as confirmed during the inspection: Observations of the environment and review of records evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients. There was a system in place to monitor that staff were appropriately registered with the Nursing and Midwifery Council (NMC) and/or the Northern Ireland Social Care Council (NISCC). There was evidence that staff are provided with opportunities to complete supervision and annual appraisals.

The staff duty rota accurately reflected the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty. The manager said that patients' dependencies were reviewed at least monthly to determine required staffing levels.

Staff said that they were always very busy and that their shift could be more challenging when newly recruited or agency staff, who were less familiar with the home's routine, were on duty. Staff confirmed that they received a suitable induction when they commenced employment. The majority of staff spoken with acknowledged that as new staff settled in and became familiar with the routine, things should improve. A senior care assistant role has been introduced to the home in order to provide support for less experienced staff.

Staff said there was good team work within their own respective areas. Staff stated that they generally found the manager to be approachable.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way. Staff were seen to be responsive to requests for assistance and to treat patients with respect and kindness.

There were systems in place to ensure staff were trained and supported to do their job. Staff received mandatory training in a range of topics relevant to their role. Training needs which had been identified as a result of the concerns raised were being addressed with a training schedule which included, for example, record keeping, pressure area care, dysphagia awareness and management of falls. Staff said that they were reminded when mandatory training was due and that they felt well supported in their various roles.

Patients and patients' relatives did not raise any concerns about staffing levels in the home.

Comments made by staff regarding staffing levels were discussed with the management team who acknowledged that there could be an occasional, unavoidable reduction in staffing levels in the event of short notice sick leave although efforts were always made to provide cover. The management team said they endeavoured to use their own staff and/or block booked agency staff to provide cover if possible as they would be more familiar with patients and the daily routine.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients.

Staff were seen to respect patients' privacy, they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes, for example, where patients preferred to sit and what they liked to eat. Staff were seen to be skilled in communicating with the patients and to treat them with patience and understanding.

Where a patient was assessed as being at risk of falling, measures to reduce this risk were put in place, for example, equipment such as bed rails and alarm mats were in use. Those patients also had relevant care plans in place. Staff demonstrated their knowledge of what actions to take in the event of a patient having a fall. Staff demonstrated their knowledge of the home's falls pathway which was readily available within each nurses' station.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position regularly. Care records accurately reflected the patients' needs regarding, for example, the use of pressure relieving mattresses. Up to date repositioning records were maintained where required.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

There was evidence that wounds were well managed and that recommendations made by other healthcare professionals such as the podiatrist or Tissue Viability Nurse (TVN) were followed.

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 from simple encouragement through to full assistance from staff. Staff made an effort to ensure patients were provided with hand hygiene prior to their meal and offered them a choice as to where they wanted to eat their meal, for example, the lounge, dining room or their bedroom.

However, the mealtime routine was not well organised, for example, clothing protectors were offered to patients after their meal had been served. In addition, greater consideration should be given to where identified patients sit when dining so as to assist them with focusing on their meals with minimal distraction. Also, the deployment of staff during mealtimes should be reviewed so that staff are present in sufficient numbers to effectively meet the needs of all the patients present.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet and the required assistance. Patients were offered the correct consistency of diet and the food looked and smelled appetising. However, it was observed that an identified patient was not provided with the level of supervision recommended by the Speech and Language Therapist (SALT).

The dining experience should be positive and provide an opportunity for patients to socialise in a calm, relaxed and unhurried manner. The issues observed during the mealtime were brought to the attention of the management team for information and immediate action; an area for improvement was identified.

Records were kept of what patients had to eat and drink daily, however, recording of the total daily fluid intake was inconsistent in the care records reviewed. Monitoring of total daily fluid intake should be robust in order that action can be taken in a timely manner to address issues such as low fluid intake; an area for improvement was identified.

Patients said they enjoyed the food provided, one commented that it was "very plentiful and brought to me in my room."

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet patients' needs. Care plans included any advice or recommendations made by other healthcare professionals. Patients' care records were held confidentially.

Care records were well maintained and regularly updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Care plans were generally detailed and contained specific information on each patient's care needs. However, in the care records reviewed for a patient who was at risk of weight loss, it was noted that a recent weight had not been recorded. It was also noted that the nutritional care plan needed to be updated to reflect the type and frequency of supplements the patient had been prescribed. This was brought to the attention of the manager for information and action as required. In other care records reviewed, there was evidence that patients' weights were checked at least monthly to monitor weight loss or gain.

Informative daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded.

5.2.3 Management of the Environment and Infection Prevention and Control (IPC)

The home was observed to be warm, clean and tidy. Patients' bedrooms were personalised with items that were important to them such as family photographs and ornaments. Communal lounges and dining rooms were observed to be welcoming spaces for patients. Fire exits and corridors were observed to be clear of clutter and obstruction. The management team explained there had been a delay in carrying out planned redecoration as a result of the COVID-19 pandemic but that this will progress as soon as possible.

It was observed that clinical waste bins in communal bathrooms were not emptied in a timely manner with a resultant malodour in the affected areas. This was brought to the attention of the management team for information and action; an area for improvement was identified.

Although one snack kitchen was untidy in areas the others were seen to be clean and tidy. However, as previously discussed in section 5.1, oversight of cleaning schedules was still not robust as they were either absent or out of date. This area for improvement will be stated for the second time.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home participated in the regional testing arrangements for patients, staff and Care Partners.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of Personal Protective Equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and accurate records were kept.

Patients said the home was clean and tidy. A relative said their loved one's bedroom was always clean and tidy and they had been informed that redecoration of the en-suite had been delayed but would be completed as soon as possible.

5.2.4 Quality of Life for Patients

It was observed that staff offered patients choices throughout the day. Staff were seen to be attentive to patients and to take time to ask them where they wanted to sit, if they wanted windows closed and if they would like to go to the dining room at lunchtime.

It was obvious that staff knew the patients well and treated them with kindness and respect. Staff were seen to speak to patients in a polite and caring manner. The atmosphere throughout the home was warm, welcoming and friendly.

A range of activities was provided for patients by staff. However, staff said they did not always have sufficient time to provide a varied range of activities while primarily attending to caring duties but that they tried to do their best; it was noted that the provision of these activities fell to care staff as there is no activities person currently employed within the home. This was discussed with the management team who said that recruitment was underway for a suitable activity person and in the meantime, care staff who were tasked with supervising patients within communal lounges were delegated to assist with activities.

Staff enthusiastically discussed how they engaged with the patients through activities such as reminiscence and listening to music. Staff said they really enjoyed getting to know patients' different interests and hobbies in order that suitable activities could be planned. Staff recognised the positive effects musical activities had on patients and made sure that a wide genre of music was played to appeal to all the different tastes of patients.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and Care Partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Patients said staff were helpful and friendly and did not rush them. Patients who were less able to communicate their thoughts looked content, settled and well cared for. Patients were seen to be well dressed in clean clothes and attention had been paid to all aspects of their personal care needs including hair, nail and mouth care.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Miss Methyl Dagooc has been the manager in this home since 18 October 2021. Miss Dagooc has submitted an application to RQIA to be registered with RQIA as the manager of Bradley Manor. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

The manager said that 'flash' meetings, to discuss, for example, changes for patients which had occurred during the shift, were held regularly but records indicated these were not being held on a daily basis as stated in the home's action plan. Following the inspection the management team confirmed that flash meetings were now being conducted on a daily basis so as to embed them into the home's routine and that the manager was also doing a daily walk around and mealtime audit.

The Regional Area Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Relatives said that they knew how to report any concerns or complaints. There was a system in place to manage complaints. The manager said that complaints were seen as an opportunity for the team to learn and improve. The management team confirmed that they continue to work closely with the BHSCT and patients' relatives to ensure that concerns and complaints are dealt with satisfactorily.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	2	2*

*The total number of areas for improvement includes one which has been stated for the second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Methyl Dagooc, Manager, Amanda Mitchell, Responsible Individual, and Mary Stevenson, Regional Area 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 13 (1) (a) (b) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the mealtime experience is a well organised and positive experience which provides all patients with the level of assistance and supervision required. There should be sufficient numbers of staff present to provide the level of support required. Patients should be seated appropriately to avoid distractions which could impact on their ability to focus on their meal. Ref: 5.2.2 Response by registered person detailing the actions taken: Staggered mealtime system has been introduced with positive

	outcome noted, mealtime experience audits are being carried out. Ongoing monitoring by management in the Home and by senior management will continue.
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that there is a system in place to ensure that clinical waste bins are emptied on a regular basis in order to prevent malodours and maintain communal bathrooms in a clean and hygienic condition. Ref: 5.2.3 Response by registered person detailing the actions taken: This system is in place. Adherence is being monitored during Home Managers Walkround audits and during senior management visits
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 44 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that cleaning schedules for the small kitchens are reviewed in order to clearly identify which staff team are responsible for cleaning all areas in these kitchens on a daily basis. A record of daily and deep cleaning should be maintained. There should be an effective system in place to maintain daily oversight of these kitchen areas in order to ensure that they are kept clean and tidy. Ref: 5.1 & 5.2.3 Response by registered person detailing the actions taken: Record of cleaning has been reviewed. Monitoring is occurring within Home Manager Daily Audits and during senior management visits.
Area for improvement 2 Ref: Standard 4.9 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that accurate and consistent records of patients' total daily fluid intake are maintained, monitored and acted upon by nursing staff, as appropriate. Ref: 5.2.2 Response by registered person detailing the actions taken: Nursing staff have been reminded of their responsibilities in this area. Monitoring is ongoing within internal governance systems.

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