

UnannouncedCare Inspection Report 4 August 2020



Bradley Manor

Type of Service: Nursing Home (NH)
Address: 420 Crumlin Road, Belfast, BT14 7GE
Tel No: 02890745164
Inspector: Julie Palmer

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 61 persons.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland (Belfast) Ltd Responsible Individual: Amanda Celine Mitchell	Registered Manager and date registered: Dawn Foreman Registration pending
Person in charge at the time of inspection: Dawn Foreman	Number of registered places: 61 A maximum of 41 places in category NH-DE to be accommodated on the First Floor and a maximum of 20 places in category NH-I to be accommodated on the Ground Floor.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 55

4.0 Inspection summary

An unannounced inspection took place on 4 August 2020 from 09.35 hours to 18.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

RQIA had received information from the Belfast Health Trust (BHSCT) Care Review and Support Team (CReST) to inform us that they were reviewing management of falls in the home.

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

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- infection prevention and control (IPC) measures
- care delivery
- care records
- governance and management arrangements.

Patients said “it’s great here, the staff are excellent”.

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	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Dawn Foreman, manager, and Amanda Mitchell, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

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.

During the inspection the inspector met with 10 patients, two patients' relatives and seven staff. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was also displayed for staff inviting them to provide feedback to RQIA online. The inspector provided the registered manager with 'Tell Us' cards which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for all staff from 27 July to 9 August 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- two staff recruitment and induction files
- six patients' care records including food and fluid intake records
- complaints and compliments records
- a sample of monthly monitoring reports
- accident/incident records from January 2020
- a sample of governance audits/records
- records of adult safeguarding referrals
- COVID-19 information file
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

The most recent inspection of the home was an unannounced care inspection undertaken on 9 July 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (1) (a) Stated: First time	The registered person shall ensure that a recent photograph is maintained in the electronic care records for all patients in the nursing home.	Met
	Action taken as confirmed during the inspection: Review of a sample of electronic patient care records evidenced that these contained a recent photograph.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 5 Stated: First time	The registered person shall ensure that patients who are in their rooms have access to call bells which should be left within reach at all times.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that patients who were in their rooms had call bells within reach.	
Area for improvement 2 Ref: Standard 38 Stated: First time	The registered person shall ensure that during the staff recruitment process two written references are obtained prior to making an offer of employment.	Met

	<p>Action taken as confirmed during the inspection: Review of two staff recruitment files evidenced that two written references had been appropriately obtained.</p>	
<p>Area for improvement 3 Ref: Standard 22 Stated: First time</p>	<p>The registered person shall ensure that, as part of the post fall review carried out within 24 hours of a fall, patients care plans are updated.</p> <p>Action taken as confirmed during the inspection: Review of a sample of care records for patients who had had a fall evidenced that care plans had been appropriately updated.</p>	Met
<p>Area for improvement 4 Ref: Standard 12 Stated: First time</p>	<p>The registered person shall ensure that the menu displayed is reflective of the meal on offer and that those patients who do not eat their meal are offered an alternative option at the time.</p> <p>Action taken as confirmed during the inspection: Review of the serving of lunch evidenced that this was reflective of the menu on display. Staff were observed to advise patients of the menu choices and to offer alternatives as required.</p>	Met
<p>Area for improvement5 Ref: Standard 4 Stated:First time</p>	<p>The registered person shall ensure that record keeping for wound care is contemporaneous and in accordance with NMC guidelines.</p> <p>Action taken as confirmed during the inspection: Review of wound care records evidenced that these were contemporaneous and reflective of the care directed in care plans and recommendations of the podiatrist or tissue viability nurse (TVN) as required.</p>	Met
<p>Area for improvement 6 Ref: Standard 46 Stated: First time</p>	<p>The registered person shall ensure an audit of all foam seat cushions and mattresses is completed and replacement of these arranged where necessary. A robust system should be introduced to monitor the condition of foam seat cushions and mattresses in use in the home on a regular basis.</p>	Met

	<p>Action taken as confirmed during the inspection: Review of audit records evidenced that these had been completed appropriately. Review of a random selection of foam seat cushions evidenced that these were in good, clean condition.</p>	
<p>Area for improvement 7 Ref: Standard 43 Stated: First time</p>	<p>The registered person shall ensure that overnight lighting in corridors is reviewed and controlled in such a way that patients are exposed to a natural cycle of light and dark in order to promote appropriate bedtimes and not disturb sleeping patterns.</p> <p>Action taken as confirmed during the inspection: Discussion with the responsible individual evidenced that lighting in the home had been reviewed. The system had been updated to dim automatically according to the time of year.</p>	Met
<p>Area for improvement 8 Ref: Standard 26 Stated: First time</p>	<p>The registered person shall ensure care delivery is provided at an appropriate time for a patient who displays a distressed reaction in response to personal care and getting ready for bed.</p> <p>Action taken as confirmed during the inspection: Review of the care record for a patient who displays a distressed reaction in response to personal care and getting ready for bed evidenced that care delivery was provided at appropriate times and was reflective of care directed in the care plans. The care plans included recommendations from relevant health care professionals.</p>	Met
<p>Area for improvement 9 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure that the care plan in place for the identified patient in relation to management of distressed reactions is updated to reflect the number of staff required for personal care interventions and strategies to manage these at appropriate times.</p>	Met

	<p>Action taken as confirmed during the inspection: We were unable to review the care record of the previously identified patient in this area. However, review of the care record for another patient evidenced that care plans for management of distressed reaction were detailed and relevant; they included strategies to manage the reaction and recommendations from relevant health care professionals.</p>	
<p>Area for improvement 10 Ref: Standard 12 Stated: First time</p>	<p>The registered person shall ensure that the type of snacks and drinks left out for patients are reviewed. A robust system should be introduced to monitor snacks or drinks which require refrigeration in order to ensure a hazard to health does not arise.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with staff evidenced that snacks and drinks which required refrigeration were not left in patients' rooms. Staff were aware of which patients required supervision with eating and drinking and this was monitored on an individual basis.</p>	
<p>Area for improvement 11 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure that individualised, person centred care plans for sleep are developed for all patients in the nursing home.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of a sample of care records evidenced that individualised, person centred care plans for sleep had been developed and were regularly evaluated.</p>	

6.2 Inspection findings

Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty.

Staff spoken with told us that they were satisfied with staffing levels and that teamwork was good. Staff had access to mandatory training which was generally being completed online at present due to restrictions caused by COVID-19. No staff responses were received to the on-line survey.

Staff felt that they had been well supported during the outbreak of COVID-19 in the home. The staff also told us that they felt well equipped for their role and that they had been kept updated with developments and recommendations relating to COVID-19; an up to date COVID-19 file was maintained for staff reference and information.

We reviewed two staff recruitment files; these evidenced that the required checks were carried out prior to a staff member commencing work in the home and that they had completed a period of induction. There was a system in place to monitor the registration status of nurses with the NMC and care staff with NISCC.

Comments made by staff included:

- “It’s been stressful but we are all in the same boat.”
- “I like it here.”
- “Teamwork is great.”
- “There is an open door culture.”
- “No-one minds how many times you have to ask them something.”
- “I enjoy working here.”
- “I had a very thorough induction.”
- “Staff all help each other.”
- “I enjoy helping the residents.”

Personal Protective Equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. Staff had a temperature check and changed into their uniform on arrival for their shift.

PPE was readily available throughout the home and stations were well stocked. Staff told us that they had had sufficient supplies of PPE at all times.

We observed staff carrying out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance; staff were seen to put on and take off their PPE correctly. Staff confirmed that they had received training and supervision in the use of PPE; a record of this was maintained.

The manager told us that staff use of PPE was monitored, an audit was completed daily and staff were encouraged to support each other with the correct use of PPE.

Infection prevention and control (IPC) measures

We reviewed the home’s environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining room, sluices and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients’ bedrooms were attractively decorated and personalised. The home was clean, tidy and fresh smelling. However, we observed that

the small kitchens, off each dining room, required more effective maintenance and cleaning; an area for improvement was identified.

We observed domestic staff cleaning frequently touched points in the home. Domestic staff told us that these areas were cleaned at least three times per day and that deep cleaning was carried out as required.

Care delivery

We observed that patients looked well cared for and were content and settled in their surroundings. Patients who were in their rooms had call bells within reach. There was a calm and friendly atmosphere in the home. Staff were seen to treat patients with kindness and respect.

Efforts had been made to follow social distancing guidelines with patients given the option of where they wished to sit during the day; staff were attentive and mindful of the fact that patients with a dementia diagnosis did not always understand the rationale for social distancing. The activity coordinator was not on duty but staff told us that, whilst activities had been reviewed due to COVID-19, these continued to be an important aspect of life in the home. There was more emphasis on one to one activities including face time or Skype calls with families but there had also been entertainment in the car park so patients could enjoy this from a safe distance. Planned visiting, by appointment, was carefully managed following the current guidelines; an appropriate area had been set up for this.

We observed the serving of lunch in the dining room and found this to be a pleasant and unhurried experience for the patients. The menu was attractively displayed, the food on offer was well presented and smelled appetising, staff were helpful and attentive and patients were offered alternatives if required. Staff were seen to assist patients with their eating and drinking needs as required.

Relatives spoken with commented positively about life in their home for their loved one; they told us:

- “This is the best thing.”
- “Staff are great.”

Two questionnaires were completed by relatives; these indicated that both respondents were very satisfied with all aspects of care provided. Comments included:

- “We are very satisfied with the love, care and attention.”
- “... appears to be well cared for.”

Written compliments received included:

- “Thank staff for everything they do.”
- “Thanks for accommodating a visit.”

Comments made by relatives were brought to the attention of the manager for her information.

Care records

Review of six patients' care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of patients. Daily records and food and fluid intake charts were up to date. There was evidence of referral to and recommendations from the speech and language therapist (SALT), dietician and tissue viability nurse (TVN) where required.

We reviewed wound care and observed that up to date care plans were in place and recording on wound charts was reflective of the care directed in the care plan. However, we observed that whilst wound charts were completed and were up to date and photographs of wounds were available, the name of the patient they related to was not consistently recorded on the charts or on the photographs; an area for improvement was identified.

There was evidence, in the care records reviewed, that neurological observations were carried out in the event of a fall; the relevant risk assessments and care plans were also consistently reviewed in the event of a fall. Staff spoken with displayed their knowledge of actions to take in the event of a fall.

Patients' weights were recorded at least monthly and an action plan was developed if weight loss was evident.

Care plans in place for a patient who displayed a distressed reaction were found to be detailed and informative; these included recommendations from other members of the multi-disciplinary team (MDT) and evidence of regular evaluation.

Governance and management arrangements

The manager told us that the COVID-19 outbreak had been a difficult and challenging time for the home; staff had been supported and had continued to provide a high standard of care to the patients at all times. Information relating to COVID-19 was readily available in the home and staff were kept up to date with current guidelines.

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. Audits were completed, for example, regarding accidents/incidents, care records, use of restrictive practices, wounds and infection prevention and control practices. An action plan was developed where shortfalls were identified.

Review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. We observed that there was a system in place for managing complaints.

We reviewed a sample of monthly quality monitoring reports. These were detailed and contained an action plan which indicated the person responsible and timescale for completion.

We looked at the system in place for managing adult safeguarding concerns; this evidenced that a record of adult safeguarding referrals was maintained and recommendations made by the adult safeguarding team were followed where required. The manager informed us that the home's post fall management procedure had been reviewed following feedback and recommendations made by CReST.

Areas of good practice

Areas of good practice were identified in relation to staffing, teamwork, use and availability of PPE, care delivery, treating patients with kindness, consultation with other health care professionals and management arrangements.

Areas for improvement

Areas for improvement were identified in relation to more effective maintenance and cleaning of the small kitchens and ensuring patient's names are consistently recorded on wound charts and photographs.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

Patients in the home looked well cared for; there was a calm and friendly atmosphere. Staffing levels and skill mix met the assessed needs of patients; staff felt well supported.

Recommendations made by CReST regarding the post falls management procedure had been implemented.

Following the inspection the manager confirmed that a plan had been developed to carry out the necessary improvements in the small kitchens.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dawn Foreman, manager, and Amanda Mitchell, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

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 Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 11 August 2020</p>	<p>The registered person shall ensure that the small kitchens, in all units of the home, are well maintained in a clean and hygienic condition; there should be a robust system in place to monitor the condition of the kitchens and identify if any action is required to be taken and by whom.</p> <p>Ref: 6.2</p> <p>A deep clean has taken place and areas in question redecorated. The programme of cleaning and of auditing the standard of same has been reviewed and will be ongoing. There is a current programme of replacement of cupboard doors and it is expected that this will be completed by mid October</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4(9)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that, where patients have a wound, staff consistently and accurately record the individual patient's name on the relevant wound charts and photographs; there should be a robust system in place to monitor this aspect of wound care recording.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The wound chart document has been reviewed and prompts nurses to add resident's name to the chart. Nurses have been reminded of their responsibilities in this area. The wound charts are to be audited at least weekly as part of the internal weekly goernance systems. This will be reviewed on an ongoing basis by during REG 29 Visits.</p>

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



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