



# Unannounced Care Inspection Report 5 December 2018



## Bradley Manor

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

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 82 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Healthcare Ireland (Belfast) Ltd  <b>Responsible Individual(s):</b> Amanda Celine Mitchell	<b>Registered Manager:</b> Donna Mawhinney
<b>Person in charge at the time of inspection:</b> Dawn Foreman - Deputy Manager Amanda Mitchell - Responsible Individual	<b>Date manager registered:</b> 22 February 2018
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.  Residential Care (RC) DE – Dementia. .	<b>Number of registered places:</b> 82  A maximum of 41 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.

### 4.0 Inspection summary

An unannounced inspection took place on 5 December 2018 from 09.30 to 16.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Bradley Manor which provides both nursing and residential care. An application to register the residential unit as a separate residential care home was approved on 10 December 2018.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing and staff development, adult safeguarding, and the home's environment. There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of falls, dementia care practice and the delivery of wound care. Good practice was observed in relation to the culture and ethos of the home, mealtimes and the provision of activities.

Areas for improvement were identified under regulation in relation to the robust and consistent monitoring of the quality of nursing and other services provided by the home.

An area for improvement was identified under the care standards and was in relation to the close monitoring of the homes cleaning schedules and addressing the issues regarding cleanliness which were identified to management at the time of the inspection.

Patients described living in the home in positive terms; refer to section 6.6 for further information. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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
<b>Total number of areas for improvement</b>	1	1

Details of the Quality Improvement Plan (QIP) were discussed with 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 26 September 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 26 September 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 20 patients individually, seven patients' relatives and 10 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to

provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 1 November 2018 to 5 December 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- six patient care records
- six patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 dated 26 September 2018**

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 19 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 20 (1) (b) <b>Stated:</b> First time	The registered person shall ensure that any person working in the home, including agency staff, receive structured orientation and induction training prior to commencing duty.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed the induction information for agency staff which was retained and evidence was present that agency staff completed an induction prior to commencing duty in the home.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 7 and 41 <b>Stated:</b> Second time	The registered person shall ensure that the perception of some staff and relatives regarding staffing arrangements is resolved either through staff and relatives meetings or on an individual basis	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We spoke with seven relatives and staff during the inspection and the discussions confirmed that staffing arrangements in the home had improved.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time	The registered person shall ensure that all staff adhere to infection prevention and control procedures. The inappropriate storage of wheelchairs should cease and the appropriate procedures for the disposal of bedlinens is followed by all staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We observed that wheelchairs were stored appropriately and that staff were adhering to the correct procedures for the removal of bedlinens from patients' bedrooms.	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 23 <b>Stated:</b> First time	The registered person shall ensure that nursing care records reflect that wound care management is being undertaken in accordance with NICE guidance on management and prevention of pressure damage.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed the wound care management records for one patient which evidenced that wound care management was undertaken in accordance with best practice guidelines.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The registered person shall ensure that the dining experience for patients is a pleasurable experience and is undertaken in a calm and organised manner to facilitate an optimal nutritional and fluid intake for patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We observed the serving of the midday meal which evidenced that the dining experience for patients had improved.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The Responsible Individual confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 1 November to 5 December 2018 evidenced that the planned staffing levels were adhered to, with the exception of occasional short notice staff sickness. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. There were no concerns raised by staff during the inspection. We also sought staff opinion on staffing via the online survey and five questionnaires completed and returned by staff. The responses received by staff were mixed with some staff expressing their dissatisfaction with the staffing arrangements which impacted on the delivery of care. Refer to 6.6 for additional comments.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Bradley Manor. We spoke to seven relatives during the inspection. Relatives expressed their satisfaction with the staffing arrangements, with the exception of one relative who felt that the home was short staffed at night. Comments included; “staffing has settled a bit” and “we go home confident about the care given by staff.” Refer to 6.6 for additional comments.

We also sought relatives’ opinion on staffing via questionnaires. Two questionnaires were returned and the respondents indicated that they were very satisfied that staff had ‘enough time to care’. Refer to 6.6 for additional comments.

Review of three staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff confirmed that staff had completed a structured orientation and induction programme at the commencement of their shift.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. In discussion with the Human Resources Manager it was agreed that the records maintained for monitoring the registration status of care staff with NISCC would evidence the status of their application for registration and or renewal of their fee, for example; if the fee had been paid to NISCC.

We discussed the provision of mandatory training. The computerised training records were not available at the time of the inspection however a breakdown of staffs compliance and the overall compliance percentage was submitted to RQIA via email following the inspection. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the responsible individual confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of six patients’ care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from October 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the responsible individual and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the Responsible Individual’s monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.



A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. We observed that the cleaning of bathrooms and toilets was not as robust as it should have been as there was evidence of a build-up of debris at the shower outlets and some of the sinks. The underside of shower chairs and toilet roll holders were also observed to require attention. This was discussed with the responsible individual and the monitoring of the cleaning schedules and cleanliness of these areas has been identified as an area for improvement under the care standards. However, the rest of the home was found to be warm, well decorated and fresh smelling. Patients, representatives’ and staff spoken with were complimentary in respect of the home’s environment.

Fire exits and corridors were observed to be clear of clutter and obstruction.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home’s environment.

**Areas for improvement**

The following areas were identified for improvement, under the care standards, in relation to a more robust monitoring of the cleaning schedules and attention to the areas discussed in this report.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

Review of six patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients’ weight, management of falls, healthcare associated infections (HCAI) and wound care. Care records contained details of the specific care requirements in each of the areas reviewed.

We discussed the monitoring of patients’ weights and were informed that all patients were weighed a minimum of monthly. We reviewed the management of nutrition for one patient. The patient had been referred to the dietician. A nutritional risk assessment was completed monthly; a care plan for nutritional management was in place. Food and fluid intake charts were maintained daily.

We reviewed the management of falls for one patient. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place but were consistently evaluated following falls. A post falls review had been completed within 24 hours of the patient sustaining a fall and the care plan amended accordingly.

We reviewed the management of wound care for one patient. Care records detailed a description of the wound, location, the prescribed dressing regime and the monitoring of wound in accordance with NICE best practice guidance. Repositioning charts for patients were reviewed; the charts consistently evidenced that patients were assisted to change their position for pressure relief in accordance with their care plans.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. However, some of the response received in the five completed and returned staff questionnaires did not concur with staffs' opinion at the time of the inspection. Refer to 6.6

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to general record keeping, the management of nutrition, falls management and the communication of patient needs between staff.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 09:30 hours and were greeted by staff who were helpful and attentive and the home had a quiet and calm atmosphere. The use of bedrails in the dementia units was observed and there was no evidence of the inappropriate use of bedrails for persons living with dementia.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Discussion with patients and staff and observation of the activities schedule at the time of the inspection, evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. We spoke with the activities coordinator who stated that there was a lot of input from external organisations for example; an organisation 'linking generations' was coming to work with patients in respect of the courtyard and this would involve school children from the local area. A number of schoolchildren, including those who had participated with the mural in the courtyard were attending a carol service in the home.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks. Registered nurses were present in the dining room during the meal service, monitoring and supervising the nutritional intake of patients.

Patients said that they were happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"To all at Bradley Manor, kitchen staff, laundry team, senior management, activities team, cleaners and especially the nursing and care staff....we'll never forget all you did."  
 "Thank you for all the love you show in your job, I'm so grateful to have met you all and very happy knowing my (relative) was cared for and happy staying in Bradley Manor."

We spoke with the relatives of seven patients. Relatives all expressed their satisfaction with the care provided by staff, comments included:

"Very happy with the home."  
 "I would go to the manager if I had any concerns; I have done in the past."  
 "Very helpful staff."  
 "Anything you ask they (staff) address right away."  
 "Staffing has settled a bit."  
 "We go home knowing everything's okay and our relative is well looked after."  
 "We go home confident about the care given by staff."

Relative questionnaires were also provided and two questionnaires were completed and returned. The respondents were very satisfied that care was safe, effective and compassionate and that the home was well led, additional comments included:

"Staff are very caring and helpful, great nurses who are very good at what they do."

We spoke to staff who commented:

“Good wee home.”

“Management are good.”

“Plenty of training since I’ve come to work here.”

Staff were asked to complete an online survey; we received five responses within the timescale specified. Two staff were satisfied that care was safe, effective and compassionate and that the home was well led. The remaining three staff were either undecided or dissatisfied across the four domains. Additional comments were made and these have been shared with senior management of Bradley Manor prior to the issue of the report and a written response to the issues raised was requested to be submitted to RQIA.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of activities and valuing patients and their representative views.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection the registered manager had resumed duties however she was not present on the day of the inspection. A review of the duty rota evidenced that the manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff evidenced that the manager’s working patterns supported effective engagement with patients, their relatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The manager explained that diversity and equality of patients was supported by staff and training would be provided to staff to support patients, as required.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

A review of records evidenced that the manager completed a number of audits to assure the quality of care and services. For example, audits were completed regarding accidents/falls, catheter and wound care and analysis of patients' weights. However, there was a lack of consistency regarding the completion of the quality audits with a number not having been completed from June 2018. The quality governance of the home is essential and must be completed robustly and consistently. This has been identified as an area for improvement under regulation.

A review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the Responsible Individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the Responsible Individual and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and maintaining good working relationships with patients and their representatives.

### Areas for improvement

An area for improvement was identified under regulation, in relation to ensuring the quality governance arrangements are robust and consistently completed.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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 provider 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 Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 17</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 January 2019</p>	<p>The registered person shall ensure that the governance and quality monitoring arrangements for the home are robust and consistently completed.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> A matrix is in place for monthly and three monthly audits and completion of audits will also be monitored within Registered Provider visits.</p>

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 35.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 January 2019</p>	<p>The registered person shall ensure that the cleaning schedules for the home are closely monitored and the areas identified for action in respect of the bathrooms and toilets are actioned.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Areas identified for action have been addressed. This will be further checked within Home Manager's Daily Audit and within completion of the infection control auditing tool. Further, additional support is currently being organised to develop link infection control persons within each unit.</p>

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



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)

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