



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 9 July 2019



Bradley Manor

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

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 patients.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland (Belfast) Ltd Responsible Individual: Amanda Celine Mitchell	Registered Manager and date registered: Dawn Foreman Acting – No application required
Person in charge at the time of inspection: Deo Roldan- Nurse in Charge	Number of registered places: 61
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: 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.

4.0 Inspection summary

An unannounced inspection took place on 9 June 2019 from 22.40 hours until 02.00 hours on 10 June 2019. The inspection was undertaken by the care inspectors.

The inspection was carried out in response to anonymous whistleblowing allegations that had been made to RQIA with regard to poor overnight care delivery and staffing levels in the home.

The inspection was undertaken out of hours in order to assess these areas 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, teamwork, communication, care of the deteriorating patient, the ethos and culture in the home, kind and compassionate care delivery and staff knowledge of their roles and responsibilities.

Areas requiring improvement were identified in relation to replacing seat cushions where necessary, reviewing overnight lighting in the home; reviewing the bedtime routine and care plans for an identified patient; monitoring snacks left out for patients and ensuring all patients have care plans for sleeping.

Patients who were awake described living in the home as being a good experience. Patients who were asleep or unable to voice their opinions were seen to be relaxed and comfortable in their surroundings.

Comments received from patients and staff during and after the inspection, are included in the main body of this report.

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	*1	*11

*The total number of areas for improvement include one under the regulations and five under the standards which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Dawn Foreman, manager, via a telephone call the following day, 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 4 June 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 4 June 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous care inspection findings, registration information, and any other written or verbal information received. For example the anonymous whistleblowing allegations received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

The following records were examined during the inspection:

- duty rota for all staff from 8 to 14 July 2019
- seven patient care records

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 outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at the previous care inspection undertaken on 4 June 2019 were not reviewed as part of this inspection.

6.2 Inspection findings

6.3 Is care safe?

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

We arrived in the home at 22.40 hours and were met by night duty staff who were friendly and welcoming. We informed the nurse in charge that RQIA had received anonymous whistleblowing allegations and that the inspection was being undertaken in response to those.

We discussed staffing levels and were informed that the home was fully staffed. An additional care assistant, who was on light duties, was also on the floor to assist where necessary. The duty rotas reflected the planned staffing levels with three registered nurses and four care assistants on night duty across the three units. In addition to this two care assistants had also worked the twilight shift, one from 16.00 hours to 22.00 hours and the other from 20.00 hours to 12.00 hours.

Staff on duty indicated that they were satisfied with staffing levels and told us that the units were rarely understaffed. However, they did say that there had been a lot of staff turnover and while staffing levels were satisfactory, difficulties sometimes arose when new or inexperienced staff were on duty and the routine could be less organised on these occasions. Staff commented that they appreciated new staff needed time to get to know the patients and routines in the home and they tried to be as supportive and helpful towards them as possible. Staff commented positively about teamwork in the home.

We observed that the majority of patients were in bed, either asleep or comfortably settled for the night. Those patients who were still up and about appeared to be content in their surroundings and in their interactions with staff. The atmosphere was pleasant and calm.

The home was found to be clean and tidy. However, on entering the lounge in the North View Unit we detected a malodour and on removing the covers from seat cushions we observed that some of the foam inserts needed to be replaced. We also observed that the foam mattress and the mattress cover in one identified bedroom was stained. An audit of all foam cushions and mattresses should be completed and these should be replaced where necessary, a robust system should also be introduced to monitor this equipment; an area for improvement was made.

Corridors were clear and uncluttered. However, we observed that the top of the stairwell in the North View Unit was partially blocked by bathroom equipment which had been removed that day from two en-suites which were being renovated. This was brought to the attention of the nurse in charge and we were assured that the stairwell would be completely cleared the following morning. Discussion with the manager the next day confirmed that the stairwell had been cleared.

We observed that overhead lighting within the corridors of the home automatically dimmed once there had been no movement in the corridors for a set amount of time and the lights came on again in response to any movement. The corridors were therefore brightly lit as staff were moving about the units in order to provide care and check on patients. However, this was not conducive to promoting a natural sleeping pattern for patients. Lighting had been dimmed or switched off in bedrooms but some patients' bedroom doors were left open and others were opened when staff checked on them and again these bright corridor lights could be disruptive to sleep. Lighting should be controlled in such a way that patients are exposed to a natural cycle of light and dark. An area for improvement was made in relation to reviewing the control of overnight lighting in corridors.

Staff were observed to wear personal protective equipment (PPE), for example aprons and gloves, when required and PPE was readily available throughout the home. We also saw that staff carried out hand hygiene at appropriate times.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, teamwork, hand hygiene and staff use of PPE.

Areas for improvement

Areas for improvement were identified in relation to completing an audit of foams in use and replacing these as necessary and control of lighting in the home at night.

	Regulations	Standards
Total number of areas for improvement	0	2

6.4 Is care effective?

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

We observed the night time routine and the care given to patients in the home and were satisfied that the vast majority of patients received the right care at the right time. However, we observed that one identified patient had fallen asleep in a chair in another patient's bedroom. It was not appropriate that this patient was sleeping in another patient's bedroom; although we would stress that the other patient slept through and did not appear to be in any way disturbed. Staff explained that the patient had an extremely distressed reaction to the delivery of personal care.

Review of care records evidenced that strategies were in place to manage the distressed reactions and that family were consulted about and involved in the care for this patient. Staff did not attempt to assist the patient to bed until 01.30 hours and the resultant reaction did waken another patient.

An area for improvement was made in relation to ensuring care delivery was provided at an appropriate time for any patient who displays a distressed reaction in response to personal care and getting ready for bed.

Further review of care records for this identified patient evidenced that the care plan in place for management of distressed reactions needed to be updated to reflect the number of staff required for personal care interventions. An area for improvement was made.

We also observed that snacks and drinks, some of which required refrigeration, had been left sitting out in a patient's bedroom. Discussion with staff evidenced that poor appetite and disordered eating patterns were an issue for this patient. However, there was no record of how long snacks and drinks, which required refrigeration, had been sitting out for and this could potentially present a hazard to a patient's health. This was brought to the attention of staff who assured us that they monitored the snacks and drinks provided on a regular basis and removed these as necessary. Staff immediately removed any snacks and drinks which had been unrefrigerated for an unknown period of time. An area for improvement was made in relation to reviewing the type of snacks and drinks left out and introducing a system to monitor those which required refrigeration to ensure they would not become a hazard to health.

Review of a further six patients' care records evidenced that, where care plans for sleep had been completed, they provided information on, for example, preferred times to go to bed and get up and if bedrails, alarm mats or movement sensors were in use. However, two of the six records reviewed did not have care plans for sleep in place and an area for improvement was made.

As previously mentioned, staff were also attending to the needs of a very unwell patient; we observed that they were extremely attentive and ensured they provided the right care at the right time. The doctor on call was contacted, family were kept informed of the situation, the patient was monitored appropriately and provided with the necessary comfort and care required. Staff were commended for the way in which they managed the care of this patient.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the bedtime routine for the vast majority of patients, liaising with other healthcare professionals, care provided to a patient whose condition was deteriorating and communication.

Areas for improvement

Areas for improvement were identified relation to having effective strategies in place to ensure the bedtime routine meets the care needs of the identified patient, updating care plans for this patient, monitoring snacks and drinks left out for patients and ensuring care plans for sleep are developed for all patients.

	Regulations	Standards
Total number of areas for improvement	0	4

6.5 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 observed that staff were extremely caring and compassionate towards all the patients in their care. Patients were treated with dignity and respect at all times; staff ensured doors were closed when they were delivering personal care and provided privacy where necessary.

The atmosphere in the home was calm and settled on our arrival and remained that way until staff approached the patient previously discussed in section 6.4 to provide personal care and assistance getting into bed. We observed that staff managed this patient in a very caring and compassionate manner; they employed a sensitive approach and ensured the patient was provided with an appropriate level of comfort; they were again commended for the care provided. Although staff did not approach this patient until 01.30 hours they managed the situation as efficiently as possible and calm was restored within 30 minutes with all patients again settled for the night.

Staff were observed to be kind and considerate, they obviously knew the patients well and were aware of their needs.

We observed that the unwell patient also received appropriate and compassionate care; staff were extremely attentive to this patient’s needs and provided the comfort and support required. They maintained a kind, caring and professional approach throughout the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, maintaining dignity and privacy, listening to and valuing patients and treating patients with kindness, care and compassion.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

There had been no change in management arrangements since the last inspection.

Staff spoken with commented positively on the support and leadership provided by the manager and the wider management team, all of whom were approachable, accessible and responsive. They also commented that teamwork was effective and working relationships were good.

Staff demonstrated their knowledge of their own roles and responsibilities and were obviously passionate about ensuring care delivery for all patients in their care was safe, effective and compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships, teamwork and staff knowledge of their roles and responsibilities.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Dawn Foreman, manager, 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	
Area for improvement 1 Ref: Regulation 19 (1) (a) Stated: First time To be completed by: 11 June 2019	<p>The registered person shall ensure that a recent photograph is maintained in the electronic care records for all patients in the nursing home.</p> <p>The response by the registered person was not yet due following the previous inspection on 4 June 2019.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 5 Stated: First time To be completed by: With immediate effect	<p>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.</p> <p>The response by the registered person was not yet due following the previous inspection on 4 June 2019.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Standard 38 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that during the staff recruitment process two written references are obtained prior to making an offer of employment.</p> <p>The response by the registered person was not yet due following the previous inspection on 4 June 2019.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 3 Ref: Standard 22 Stated: First time To be completed by: With immediate effect	<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>The response by the registered person was not yet due following the previous inspection on 4 June 2019.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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> <hr/> <p>The response by the registered person was not yet due following the previous inspection on 4 June 2019.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that record keeping for wound care is contemporaneous and in accordance with NMC guidelines.</p> <hr/> <p>The response by the registered person was not yet due following the previous inspection on 4 June 2019.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 9 September 2019</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> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: A chair audit has been completed and required replacement foam inserts ordered. Any furnishing needing replacement have been removed from the lounge until inserts arrive. A mattress audit has been completed and one foam mattress replaced due to staining. The mattress and chair audits will be repeated on an at least 3 monthly basis.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 9 August 2019</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>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: This is under review with the electrical engineers and we are awaiting feedback.</p>

<p>Area for improvement 8</p> <p>Ref: Standard 26</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The individualised care plan for the resident involved has been reviewed. We continue to be supported by the Community Mental Health team in regard to management strategies for distressed reaction as she has very complex needs. Staff have been made aware that interventions to assist this resident to prepare for bed are to take place at an earlier time so that other residents are not disturbed at a late hour. This will be monitored through care plan audits.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The care plan for this lady has been reviewed and interventions are reflective of her needs. This care plan will be evaluated at least monthly.</p>
<p>Area for improvement 10</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: There have been reviews of types of snacks provided and of the quantity made available to her. This has included discussion with family and communication with staff teams. Staff have been reminded to remove any items of high risk nature is not accepted in timely manner. The Registered Manager will continue to monitor this.</p>

<p>Area for improvement 11</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 23 July 2019</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> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A care plan audit has been undertaken and an action plan has been completed in regards to care plans for sleeping developed for all residents. The Registered Manager will continue to audit this.</p>

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



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