

# Inspection Report

9 November 2023



## 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><b>Organisation/Registered Provider:</b> Healthcare Ireland (Belfast) Limited</p> <p><b>Responsible Individual:</b> Ms Amanda Mitchell</p>	<p><b>Registered Manager:</b> Miss Methyl Dagooc</p>
<p><b>Person in charge at the time of inspection:</b> Miss Methyl Dagooc</p>	<p><b>Number of registered places:</b> 60</p> <p>This number includes 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><b>Categories of care:</b> Nursing Home (NH) I – old age not falling within any other category DE – dementia</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 57</p>
<p><b>Brief description of the accommodation/how the service operates:</b> Bradley Manor 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 9 November 2023 from 9.00 am to 5.00 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

An estates inspector provided support between 10.00 am to 12.00 noon, to assess the proposed variation to registration application VA012244 (conversion and transfer of two ground floor bedrooms and adjacent corridor into Bradley Court registration, reducing Bradley Manor maximum registration by two patients from a maximum of 60 to 58 patients).

Building engineering certificates, fire risk assessment and legionella risk assessment documents were examined prior to and during the inspection process.

The ground floor accommodation detailed in the variation to registration application was reviewed by the estates inspector.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

The findings of this report will provide the management 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 the home was 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 the care inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, and a range of information about the service was reviewed to help us plan the inspection.

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.

A poster was provided to the manager detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow patients and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

The daily life within the home was observed and how staff went about their work. A range of documents and records were examined to determine that effective systems were in place to manage the home.

### **4.0 What people told us about the service**

Due to the nature of dementia not all patients were able to tell us how they found life in the home. Patients who were less able to communicate were seen to be content in their surroundings and in their interactions with staff. Patients who could express their views spoke positively about life in the home.

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, and managerial support.

Relatives spoken with, reported that they were generally satisfied with the care and services provided in Bradley Manor and comments made were shared with the management for review and action as appropriate.

As stated in section 3.0, questionnaires and a poster with a link to an online survey were left with the management, to allow patients, relatives, visitors and staff unable to meet with the inspector, the opportunity to provide feedback on the home. There were no questionnaires or feedback received from the staff online survey within the allocated timeframe.

## 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 24 March 2023		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 23 <b>Stated:</b> Second time	The registered person shall ensure that the system in place to monitor pressure mattress settings in the home is effective .	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 18 <b>Stated:</b> First time	The registered person shall ensure that the reason for and the outcome of administration of “when required” medicines in the management of distressed reactions, is recorded in a consistent manner and on every occasion.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 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. Discussion with staff and a review of relevant records confirmed that staff completed an induction prior to working with patients.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

A system was in place to ensure staff completed their mandatory training and compliance was robustly monitored by the manager. Discussion with staff confirmed they were satisfied with the range of training offered.

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. Staff allocated to provide one to one care for patients, were clearly identified with records maintained.

Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments.

Staff should have the opportunity to attend supervision and appraisal sessions to review their role and enhance their professional development. A review of records provided assurance that a system was in place to ensure staff had undertaken supervision and appraisal.

During the inspection, it was noted that staff were busy, but were seen to respond to patients' requests for assistance in a timely manner. Staff spoken with told us there was good teamwork in the home. Patients told us that they were satisfied with the delivery of care, attentiveness and support received from staff.

### 5.2.2 Care Delivery and Record Keeping

Staff confirmed they attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

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. A sample of care records were reviewed and evidenced that care plans were regularly reviewed and updated; and included any advice or recommendations made by other healthcare professionals. Discussion with the management confirmed that a care file audit was undertaken on a regular basis to ensure that care records were suitably maintained.

Patients' individual likes and preferences were reflected throughout the records. Care plans contained information on what or who was important to them; and daily records were maintained on how each patient spent their day and the care and support provided by staff.

Staff were observed to be prompt in recognising patients' needs, including those patients who had difficulty in making their wishes or feelings known.

Some patients were observed to be availing of one to one enhanced supervision. Discussion with staff confirmed that they were provided with information pertaining to the needs of the patients with a care plan in place to direct care.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position as required, and care plans were in place to direct care for the prevention of pressure ulcers. Patients were being assisted by staff to change their position regularly.

Care records for patients who experience a fall evidenced that care plans and risk assessments were reviewed and updated appropriately. There was evidence that the detail of the fall was recorded and audited for trends and patterns.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients' needs determine that they may require a range of support with eating and drinking; this may include simple encouragement through to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner and where required, staff engaged with patients' on a one to one basis to assist them with their meal.

Observation, evidenced that meals served in the identified dining room was an opportunity for patients to socialise and the atmosphere was supportive and paced appropriately for the level of need. The food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. A menu was available to inform patients of the meal and choice available, and patients spoke positively in relation to the quality of the meals provided.

Some patients preferred to have their meal in their own room and this was readily accommodated with support provided as required. Staff confirmed how they were made aware of patients who required a modified diet and observation established that patients received their meals as prescribed.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain, if required, and records were kept of what patients had to drink and eat daily.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home. Patients had access to televisions and/or music in their own rooms and also in communal sitting rooms.

Corridors and fire exits were observed to be free of clutter and obstruction, however corridors lacked clear signage and points of interest to assist the orientation of patients in the dementia unit. This was discussed with management who advised that plans were in place to undertake a review of the environment to enhance the patient experience in the dementia unit. Given this assurance, an area for improvement was not identified at this time, however this will be reviewed at a future inspection.

Observation identified some areas that required the decor updating, for example, replacement of flooring in an identified area and repairs in identified rooms. This was discussed with management in detail, and following the inspection written confirmation was received from the manager to confirm that relevant action had been taken to address the identified deficits, with ongoing review to ensure all actions are completed.

Review of records and discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of personal protective equipment had been provided, therefore it was disappointing to note, inappropriate storage of clothing in an identified room. A discussion took place with management to review and action as appropriate; an area for improvement was identified.

Observation identified the patient handover record being stored in an inappropriate location. This was discussed in detail with management for immediate review and action as appropriate; an area for improvement was identified.

#### **5.2.4 Quality of Life for Patients**

Staff offered patients choices throughout the day. Staff were observed to be attentive to patients and to take time to ask them, for example, where they wanted to sit and if they wanted to go to the dining room at lunchtime.

An activities therapist was employed to oversee the provision of activities in the home. Activities were conducted on a group basis and on a one to one with patients who could not, or did not wish to, be involved in group activities. An activity planner was displayed and available for patients and relatives to review.

Patients commented positively on the activities and reported they “enjoyed all the music”

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Mrs Methyl Dagooc has been the Manager since 8 November 2022.

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.

A review of records evidenced that a system of auditing was in place to monitor the quality of care and other services provided to patients. Areas audited included, for example, patients care records, restrictive practice, patient’s weights, infection management, staff training and the environment.

A system was in place to monitor accidents and incidents that happened in the home. A review of a sample of these records found, they were reported to RQIA in accordance with regulation and standards.

A review of records evidenced that a system was in place to manage complaints.

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. A sample of reports were reviewed and identified that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. The reports were available for review by patients, their representatives, the Trust and RQIA.

### 5.2.6 Estates management assurances

Building services alteration certificates were reviewed validating that the works complied with the care standards registration requirements.

Fire and legionella risk assessment documents were reviewed confirming conversion works compliance with statutory requirements.

There are no areas for improvement required from an estates inspector's perspective, and the variation to registration VA012244 complies with estates registration requirements.

## 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/or the Care Standards for Nursing Homes, December 2022

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	2*

\* the total number of areas for improvement includes one that is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management as part of the inspection process. The timescales for completion commence from the date of inspection.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.  Ref: 5.2.4  <b>Response by registered person detailing the actions taken:</b> Staff meeting was held to remind staff of the importance of good infection prevention and control practice particularly related to issues identified in inspection. Nursing staff are aware of need to monitor for these particular issues within the Nurse and also Nurse in Charge spot check audit. Home Manager and Senior management will also continue to monitor during their walk rounds.
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure that the reason for and the outcome of administration of “when required” medicines in the management of distressed reactions, is recorded in a consistent manner and on every occasion.  Ref: 5.1  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 37  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that all staff are aware of their responsibilities in relation to the safe storage of records in line with good practice and legislative requirements.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> Meeting was held with staff within which the importance of safe storage of records in line with good practice and legislative requirements was highlighted. This will continued to be monitored during walk around by nurse, nurse in charge, Home Manager and senior management.

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



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