

Inspection Report

16 July 2024



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

Organisation: Healthcare Ireland (Belfast) Limited Responsible Individual: Ms Amanda Mitchell	Registered Manager: Miss Methyl Dagooc Date registered: 1 July 2022
Person in charge at the time of inspection: Princess Canete – registered nurse 9.30 am until 10.00 then Miss Methyl Dagooc until the end of the inspection.	Number of registered places: 58 A maximum of 41 patients in category NH-DE to be accommodated on the first floor and a maximum of 17 patients in category NH-I to be accommodated on the ground floor.
Categories of care: Nursing (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: 58
Brief description of the accommodation/how the service operates: 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. There is a residential care home which occupies part of the ground floor of the building; this home has separate management arrangements.	

2.0 Inspection summary

An unannounced inspection took place on 16 July 2024, from 9.30 am to 6.45 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

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

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 said that staff members were helpful and pleasant in their interactions with them.

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

RQIA were assured that the delivery of care and service provided in Bradley Manor nursing home was effective and compassionate and that the home was well led.

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

3.0 How we inspect

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

In preparation for this inspection, 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.

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

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

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

The findings of the inspection were discussed with Methyl Dagooc, Registered Manager and Mary Stevenson, Regional Area Manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect. Patients said, "I am looked after well", "The staff are kind", "It's magic here" and "The staff are excellent".

Relatives spoken with were complimentary about the care provided in the home.

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, morale and managerial support. One staff member told us “I enjoy coming into work”.

There were no questionnaire responses received and no feedback was 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 28 July 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: The infection prevention and control issues identified at the previous care inspection had been addressed however; a new area for improvement was identified in regard to the cleanliness of shower seats. See section 5.2.3 and 6.0.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients. Staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. The Manager retained oversight of staff compliance with their training requirements.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the Manager on a monthly basis.

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

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision had taken place.

Staff said that they felt well supported in their role and found the Manager accessible and approachable. Staff spoke positively on the teamwork in the home, and the patients consulted with spoke highly on the care that they received.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. It was observed that staff provided care in a caring and compassionate manner.

Staff were prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients were well presented in their appearance and told us that they were happy living in the home.

The serving of the lunchtime meal was observed. Staff ensured that patients were comfortable throughout their meal. The weekly menu was displayed showing patients what was available at each mealtime. This format is difficult for patients to read and was discussed with the Manager who advised of ongoing work to provide patients with a pictorial menu, progress with this will be followed up on the next inspection.

A choice of meal was offered and the food was attractively presented and smelled appetising. Meals were appropriately covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Patients told us that they enjoyed their meal. One patient commented; "the food is lovely".

The care staff recorded what patients had to eat and drink daily where appropriate.

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 and included any advice or recommendations made by other healthcare professionals. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet

the patients' needs. Patients' individual likes and preferences were well reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

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

It was established that systems were in place to manage and monitor restrictive practices in use for patients, for example, bedrails, alarm mats and continuous supervision.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced that patients were not always repositioned as prescribed in their care plan. An area for improvement was identified.

Examination of records and discussion with the staff confirmed that the risk of falling and falls were generally well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced the wounds were dressed by the nursing staff as planned.

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. Patients' bedrooms were personalised with items of importance to each patient, such as family photos and sentimental items from home.

Concerns were identified in regard to the general cleanliness and décor of the home. A number of areas throughout the home was observed in need of a better clean; walls and woodwork was seen in need of repainting and some furniture in poor condition either needing replacement or refurbishment. This was discussed with the Manager who provided the inspector with a refurbishment plan for the home, however, this did not give any proposed timeframe for the work to commence or to be completed. Areas for improvement were identified.

Concerns were identified in regard to the management of risks to patients; shortfalls were identified in two units of the home. In addition, we discussed the storage of toiletries within the dementia nursing units and asked that the Manager review this so that potential risks to patients can be mitigated. An area for improvement was identified.

A number of infection prevention and control deficits were also identified, for instance, a number of shower chairs and pieces of manual handling equipment were observed not effectively cleaned and within a number of ensuite bathrooms toiletries were stored on top of the cisterns. An area for improvement was identified.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear with in the three units of the nursing home. However, review of the service corridor identified a number of items inappropriately stored which in the event of an emergency could potentially impede a safe evacuation of the building. An area for improvement was identified.

A review of the most recent fire risk assessment did not provide any evidence that the actions identified by the fire risk assessor had been completed. This was discussed with the Manager who provided an updated fire risk assessment action plan after the inspection and this evidenced all the required actions had been addressed.

Staff members were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

Staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. The atmosphere throughout the home was warm, welcoming and friendly. Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed in communal areas advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities. Activity records were well maintained which included the patient engagement with the activity sessions.

Staff were observed to be chatty, friendly and polite to the patients at all times and to communicate effectively with patients, including with those who had a cognitive impairment.

Staff recognised the importance of maintaining good communication between patients and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Miss Methyl Dagooc is the Registered Manager of the home.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. It was identified that the actions from a number of care plan audits had not been evidenced as completed. An area for improvement was identified.

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

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Regional Area Manager is identified as safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

Systems were in place to ensure that complaints were managed appropriately.

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

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
Total number of Areas for Improvement	4	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Methyl Dagooc, Registered Manager and Mary Stevenson, Regional Area Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (b) Stated: First time To be completed by: From the date of the inspection 16 July 2024	<p>The registered person shall ensure that an environmental time bound refurbishment action plan is in place; this action plan should be available for inspection and evidence meaningful oversight by the Manager.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The refurbishment plan has been reviewed and updated following a discussion with Senior Management. Estates Manager will provide timeframes for any works by contractor or for any large purchase by 30.9.24. The Registered Manager will monitor progress at least monthly regarding updates being made according to the areas that have been actioned or completed. Senior Management will review progress with Registered Manager at least monthly within REG 29 visits.</p>
Area for improvement 2 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: From the date of the inspection 16 July 2024	<p>The registered person shall ensure that all parts of the home are kept clean.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The housekeeping records have been reviewed and updated to provide clear guidance for domestic staff on which areas should be cleaned daily, weekly, monthly, and quarterly. This update aims to ensure that all areas of the home are consistently maintained to a high standard. The Registered Home Manager and Senior Housekeeper will conduct spot checks to ensure cleanliness is upheld throughout the home. Senior Management will monitor within Reg 29 visits</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection 16 July 2024</p>	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Unit managers have spoken with the nominated next of kin to discuss the storage of residents' toiletries. Wherever possible, toiletries are kept out of the residents' direct sight or placed in locations that are difficult for them to access. HM will monitor compliance during daily walk round and Senior management will monitor during Reg 29 visits.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection 16 July 2024</p>	<p>The registered person shall ensure that corridors are kept clear and unobstructed at all times.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Service corridors are promptly cleared after inspection, and all equipment is now properly stored. A meeting was held with the housekeeping team to discuss proper equipment storage procedures. Fire Risk Assessment has been updated to reflect storage of laundry trolleys on corridor outside of laundry room. Fire Risk Assessment also reflects use of settee on Northview corridor which is in place as part of strategy to reduce falls on corridor. Compliance is monitored within HM Daily checks and also by senior management within Reg 29 visits</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection 16 July 2024</p>	<p>The registered person shall ensure that patients are repositioned as prescribed in their care plans.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A supervision session was conducted with all staff to reinforce the importance of documenting each instance of repositioning in accordance with the resident's individual care plan. The Registered Manager and Nurse in Charge will also carry out regular spot checks on repositioning records to ensure compliance and accuracy. Senior management will conduct adhoc audits in this area.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection 16 July 2024</p>	<p>The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> • Storage on toilet cisterns • Manual handling equipment is effectively cleaned • Shower seats are effectively cleaned. <p>Ref: 5.2.3</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2024</p>	<p>Response by registered person detailing the actions taken: Decontamination records have been reviewed and updated to include detailed information on the proper procedures and timing for cleaning equipment. A supervision session was conducted with all staff to reinforce the importance of following these decontamination protocols. The Registered Home Manager and Nurse in Charge will perform spot checks to ensure that staff adhere to the schedule and maintain equipment cleanliness according to the standards. Senior Management will monitor compliance during REG29 visits</p>
	<p>The registered person shall ensure care record audits evidence review and completion of associated action plans.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken: Care records audits are being reviewed. This process will be continued for all care audits records as they are completed. Compliance is being monitored within the Reg 29 visits by senior management</p>

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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