



Announced Variation to Registration Inspection Report 17 December 2020



Bradley Manor

Type of Service: Nursing Home
Address: 420 Crumlin Road, Belfast, BT14 7GE
Tel No: Tel: 028 90 745 164
Inspectors: Julie Palmer and Raymond Sayers

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 provider 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 provides nursing care for up to 61 persons.

3.0 Service details

Registered Provider: Healthcare Ireland (Belfast) Limited Responsible Individual: Amanda Celine Mitchell	Registered Manager: Dawn Foreman Registration Pending
Person in charge at the time of inspection: Dawn Foreman	Number of registered places: 61 A maximum of 41 places in category NH-DE to be accommodated on the First Floor and a maximum of 20 places in category NH-I to be accommodated on the Ground Floor.
Categories of care: Nursing Home (NH) NH-DE NH-I	Number of patients accommodated in the nursing home on the day of this inspection: 54

4.0 Inspection summary

An announced variation to registration inspection of Bradley Manor took place on 17 December 2020 from 09.50 to 12.20 hours. The inspection was undertaken by the care and estates inspectors.

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

The inspection sought to assess an application submitted to RQIA for a variation to the registration of Bradley Manor for a decrease in the number of registered places from 61 to 60. This will result in a maximum of 19 places in the NH-I category of care. The maximum number of places in the NH-DE category of care will remain unchanged at 41.

The changes have been required due to the construction of an adjacent new build home, Bradley Court. One ground floor and two first floor bedrooms in Bradley Manor were lost to provide necessary access for the new build home. Additionally, in the first floor units of Bradley Manor two new bedrooms have been constructed and a store room has been converted to a WC facility.

The variation to registration to Bradley Manor was granted from a care and estates perspective following this inspection.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Dawn Foreman, manager, and Amanda Mitchell, responsible individual, as part of the inspection process and can be found in the main body of the report.

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:

- the application to vary the registration of the home
- the proposed statement of purpose
- the proposed patients' guide
- 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 inspectors met with Dawn Foreman, manager, Amanda Mitchell, responsible individual, and, Mary Stevenson, regional area manager.

The following records were examined during the inspection:

- fire risk assessment
- BS5839 fire detection & alarm system variation certificate
- BS5266 emergency lighting annual test certificate
- legionella risk assessment
- wound care records
- wound care audits
- cleaning schedules.

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

The most recent inspection of the home was an unannounced care inspection undertaken on 4 August 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: First time	The registered person shall ensure that the small kitchens, in all units of the home, are well maintained in a clean and hygienic condition; there should be a robust system in place to monitor the condition of the kitchens and identify if any action is required to be taken and by whom.	Met
	The small kitchens were observed to be maintained in a clean and hygienic condition. Required repairs had been carried out. There was a system in place to monitor the condition of the kitchens on a daily basis.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4(9) Stated: First time	The registered person shall ensure that, where patients have a wound, staff consistently and accurately record the individual patient's name on the relevant wound charts and photographs; there should be a robust system in place to monitor this aspect of wound care recording.	Met
	Review of wound care records evidenced that documentation was appropriately completed. Individual patient's names were consistently recorded on relevant wound charts and photographs and there was a robust system in place to monitor wound care recording.	

6.2 Inspection findings

Estates Inspector findings

The new build first floor bedrooms 54A and 72 were inspected and found to be in a good decorative condition, furnished and ready for occupation.

The building engineering services documents reviewed were valid and compliant with the care standards requirements.

The mechanical services engineering contractor had not issued confirmation that thermostatic mixing valves (TMVs) had been installed in the new bedroom ensuite showers. We requested the confirmation be forwarded to RQIA. E-mail confirmation dated 11 January 2021 indicated that the ensuite alteration works were completed in compliance with the required standards.

The local authority building control department building works completion certificate was not issued at the time of our inspection, and therefore approval of the variation to registration was postponed until the certificate was received. Building control completion of works certificate dated 8 January 2021 was received by RQIA on 11 January 2021.

Care Inspector findings

Bedroom accommodation:

We inspected the two new bedrooms in the first floor units of the home. These were found to be presented to a high standard of finish and décor with matching bed linen and curtains. The furniture was of good quality and suitable for the needs of patients. The call bell system was tested and was found to be in working order. The en-suite bathrooms were presented to a high standard and were maintained in a clean and hygienic condition.

WC facility:

The new WC facility, which was previously a store room, was found to be presented to a high standard and was maintained in a clean and hygienic condition.

Staffing arrangements:

Discussion with the responsible individual and the manager confirmed that staffing levels would not be affected by the variation; these would continue to be reviewed and amended as necessary in accordance with the assessed needs of patients in the home.

Statement of purpose and patient guide:

We reviewed the proposed statement of purpose and patient guide prior to the inspection. These appropriately reflected the proposed reduction of one registered place.

Areas of good practice

Areas of good practice were identified regarding the environment, the standard of décor and the cleanliness of the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Conclusion

A copy of the required building control completion certificate and the commissioning certificate for the showers was provided by the responsible individual as requested following the inspection.

The application to vary the registration of Bradley Manor to decrease the number of registered places from 61 to 60 was granted from a care and estates perspective following this inspection.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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