

# Inspection Report

## 22 & 23 July 2021



## 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

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|---|---|
| <b>Organisation/Registered Provider:</b><br>Healthcare Ireland (Belfast) Limited  | <b>Registered Manager:</b><br>Mrs Dawn Foreman  |
| <b>Responsible Individual:</b><br>Ms Amanda Celine Mitchell   | <b>Date registered:</b><br>4 February 2021  |
| <b>Person in charge at the time of inspection:</b><br>Mrs Dawn Foreman  | <b>Number of registered places:</b><br>60<br><br>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. |
| <b>Categories of care:</b><br>Nursing Home (NH)<br>NH-I – Old age not falling within any other category.<br>NH-DE – Dementia.   | <b>Number of patients accommodated in the nursing home on the day of this inspection:</b><br>57   |
| <b>Brief description of the accommodation/how the service operates:</b><br>This home is a registered Nursing Home which provides nursing care for up to 60 patients. The home is divided in 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 with dementia. Patients in the home have access to communal lounges, dining areas and a large enclosed garden. |   |

## 2.0 Inspection summary

An unannounced inspection took place on 22 July 2021 from 9.20 am to 4.45 pm and on 23 July 2021 from 8.40 am to 3.50 pm. The inspection was carried out 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.

We observed that patients were comfortable and well cared for in the home. Staff were seen to attend to patients in a timely manner and to treat them with kindness, respect and compassion.

Patients said that they felt well looked after. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified regarding recording of patients' oral care, oversight of cleaning the small kitchens, replacing identified pedal bins and chairs, storage of thickening agents and cleaning of equipment.

RQIA were assured that the delivery of care and service provided in Bradley Manor was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services provided in the home.

The findings of this report will provide the management team 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

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 and 'Tell Us' cards 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 Mrs Dawn Foreman, Registered Manager, and the Senior Management Team.

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

During the inspection we spoke with 18 patients, both individually and in small groups, eight patients' relatives and 15 staff.

Patients told us that they felt well looked after, there were enough staff to help them with their care needs, the food was good and the home was kept clean and tidy. Patients also said that the staff were friendly and kind; one patient said "the girls are just great" whilst another commented that the staff "are good to me".

Patients' relatives said that they felt there were enough staff, patients were well looked after, staff were helpful and friendly and the manager was approachable. Relatives knew how to raise a concern and had confidence these would be dealt with. One relative said "I know how to complain but haven't needed to". Another relative said that their loved one "gets everything she needs, they are very good to her".

Staff said that they enjoyed working in the home; it could be stressful at times but teamwork was good.

## **5.0 The inspection**

### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to Bradley Manor was undertaken on 17 December 2020 by a care inspector; no areas for improvement were identified.

## **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. Staff were provided with an induction programme to prepare them for working with the patients; this included agency staff.

There were systems in place to ensure staff were trained and supported to do their job. Staff said that they were provided with a range of mandatory training to enable them to carry out their roles effectively. The manager said that staff were reminded when training was due. An online training matrix and record of staffs' compliance was maintained.

The staff duty rota accurately reflected all 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. The manager told us that the number of staff on duty was reviewed on a weekly basis to ensure the needs of the patients were met.

Staff said there was good team work, that they felt well supported in their role and that management kept them well informed of issues relating to the home. Staff told us that there were enough staff on duty to meet the needs of the patients and that agency or bank staff were used as required to cover short notice leave and/or staff having to isolate due to COVID-19 restrictions. Staff commented that this could be stressful as agency staff were generally less familiar with the home but they always aimed to ensure patients' needs were met in a timely manner. Staff confirmed that they had expressed their concerns about staffing to the manager and were confident that the manager had listened to them and was trying to resolve the problem.

The comments made by staff were discussed with the manager who confirmed that efforts were made to source cover for shifts as necessary from agency and bank staff and recruitment for suitable staff was ongoing. The manager also said that when agency staff were used efforts were made to ensure these staff were familiar with the home in order to lessen the impact on the daily routine.

It was observed during the inspection that there were enough staff on duty to provide the care required. Staff responded to requests for assistance promptly and in a caring and compassionate manner. Staff told us that attending to the patients' needs and wishes was very important to them.

Patients did not raise any concerns about staffing levels in the home. Patients spoke highly of the staff and the care delivered. A patient told us that staff were "lovely" and another said that "I haven't had any problems at all".

Patients' relatives were also complimentary about the care delivered and the staff. One relative said in their experience "it's been great, staff are lovely". Relatives did not express any concerns about staffing levels.

## 5.2.2 Care Delivery and Record Keeping

Staff were seen to treat patients with respect and kindness. Staff said they received a handover at the start of each shift to ensure that they were aware of any changes in the needs of the patients. Staff were seen to communicate effectively with patients and to offer explanations about the care to be provided in order to seek their consent before proceeding.

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. Patients' care records were held confidentially.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

Staff were also observed to be prompt in recognising the needs of patients who were displaying signs of distress; they provided appropriate reassurance. It was observed that staff were very prompt in attending to the needs of a patient who could not effectively make their needs known but was upset and unsettled. Staff displayed their knowledge of how best to manage this patient's needs and were seen to very effectively provide the reassurance, care and support required.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, aids such as alarm mats, bed rails and crash mats were in use if required. These aids can be considered to be restrictive. Review of a sample of care records evidenced that appropriate risk assessments and care plans were in place for those patients who were at risk of falling and that safe systems were in place to manage this aspect of care.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate treatment being provided in the event of a fall and onward referral as a result of the post falls review, for example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Nurse (TVN) and followed the recommendations they made.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients were seen to be comfortably seated for their meals, either in the dining room, the lounges or their bedroom as they preferred. It was observed that the serving of lunch was a relaxed and unhurried experience for the patients. Staff were seen to provide patients with a range of support with meals; this included simple encouragement through to full assistance.

Staff were helpful and offered patients a choice of meals and beverages; they were seen to be aware of individual patient's likes and dislikes. The food was attractively presented and patients told us the food was very good. It was observed that staff spoke to patients in a very pleasant and courteous manner. The weather was very warm at the time of the inspection and it was positive to note that staff recognised the need for patients to be encouraged to drink plenty of fluids. Throughout the day staff very regularly offered a selection of drinks and ice lollies to the patients, they assisted patients who were unable to manage independently and helpfully explained to patients why it was important to keep well hydrated.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met; a record of food and fluid intake was maintained. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of diet. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain and action plans were developed to ensure appropriate action was taken when required.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate. Patients' individual likes and preferences were reflected throughout the records, for example, food and drinks likes and dislikes, preferences for make-up, jewellery, perfume and clothing and time to get up and go to bed.

Review of care records in relation to oral care evidenced that this was not always recorded as having been given, offered but declined, or, if staff had been unable to provide for any reason. Care plans reviewed in relation to personal care needs did not all include reference for the need for oral care although it was observed that oral care assessments had been completed. An area for improvement was identified. Discussions with staff and observations during the inspection confirmed that patients were assisted with their oral care.

Review of a sample of care records for patients who had a wound evidenced that, if required, nursing staff consulted the TVN and followed the recommendations they made. Wound charts reviewed were up to date and reflective of the recommendations in the care plan.

Where a patient experienced behaviours that challenge the care plans reviewed identified triggers, the behaviours displayed and the actions that should be taken to support the patient and provide the appropriate care in a timely manner.

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.

Patients said that they felt well looked after by the staff, that staff listened to them and helped them whenever they needed. All the relatives we spoke to agreed that their loved one was well looked after in the home. Staff said that “providing the right care is our main concern”.

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

Observation of the home’s environment and review of a sample of bedrooms, communal lounges, dining rooms and bathrooms evidenced that the home was clean, tidy, attractively decorated and well maintained. The manager confirmed that a redecoration plan was in place and that identified en-suite bathrooms were scheduled to be redecorated. Fire exits and corridors were clear of clutter and obstruction. The manager said that there was a system in place to ensure that maintenance issues or repairs required were reported and actioned in a timely manner.

Patients’ bedrooms were seen to be personalised with items which were important to them, for example, family photographs, cushions, ornaments, flowers and house plants. Patients who were in their rooms had call bells within reach if this was appropriate and staff ensured that radios or TV’s were on as the patients preferred.

It was observed that the small kitchens, off the communal dining rooms, required more effective cleaning. This was brought to the attention of the manager and action was taken to ensure the kitchens were effectively cleaned. Discussion with the manager identified that both the domestic staff and care staff teams had responsibility for cleaning different areas in these kitchens and that this was not an effective way to ensure that the kitchens were maintained in a clean and tidy manner; clearly identified responsibility and better oversight was required. An area for improvement was identified.

In various areas of the home it was observed that identified pedal bins required to be replaced and identified chairs required to be reupholstered or replaced. An area for improvement was identified. The manager said that an audit of all pedal bins and chairs would be completed and the necessary repairs or replacement would be arranged.

It was observed that tubs of thickening agents, which could pose a risk to patients if ingested, were left unattended in a small kitchen and in a dining room; this was brought to the immediate attention of staff to ensure that the thickening agents were appropriately stored. An area for improvement was identified.

Review of cleaning schedules confirmed that these were in place for equipment such as hoists and wheelchairs; however, it was observed that identified equipment in an equipment store and the floor of the store required more effective cleaning. This was brought to the attention of the manager and action was taken to ensure the equipment and floor was cleaned. Staff should take action to ensure equipment is maintained in a clean condition at all times. An area for improvement was identified.



There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Patients said that the home was kept clean and tidy and that they felt comfortable in their surroundings.

#### 5.2.4 Quality of Life for Patients

The activity co-ordinator said that she consulted with patients on an individual and group basis to determine their likes and interests in order that a suitable activity programme could be developed in the home. Families were also consulted with; the activity co-ordinator recognised that it was very useful to know a patient's life history when planning activities which would be of interest to them. There was a range of activities provided for patients and the programme was regularly reviewed. The monthly activity planner was on display and included, for example, art groups, garden projects, a sunflower growing competition, word games and live music in the garden.

Patients were encouraged to participate in regular patient meetings which provided an opportunity for them to comment on aspects of the running of the home, for example, planning activities, menu choices and laundry issues. A record of these meetings was maintained.

Discussion with patients confirmed that they were able to choose how they spent their day, for example, some patients preferred to stay in their own bedroom rather than in the communal lounges. It was observed that staff offered choices to patients throughout the day which included, for example, when to get up and go to bed, what clothes they wanted to wear, what they would like to eat and drink and where and how they wished to spend their time.

Staff were seen to effectively communicate with patients, including those who had difficulty making their needs known. It was observed that staff were kind and attentive to the patients, they took time to explain things, were polite and courteous and did not rush them. The atmosphere in the home was relaxed, pleasant and friendly.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and Care Partner arrangements were in place and staff remarked on the positive benefits this had to the physical and mental wellbeing of patients.

Patients said they enjoyed the activities especially the music and quizzes. Patients' relatives said that communication was very good and that they had been provided with information about visiting and being a Care Partner.



## 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Dawn Foreman has been the Registered Manager in this home since 4 February 2021.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home. As previously mentioned in section 5.2.3 the manager planned to complete an audit of pedal bins and seating in order that action could be taken to address the identified deficits.

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. Staff were aware that the Regional Area Manager was the appointed adult safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients' relatives said that they knew how to report any concerns or complaints and that they were confident these would be dealt with. Review of the home's record of complaints confirmed that these were well managed. The manager said that the outcome of complaints was used as a learning opportunity to improve practices and/or the quality of services provided by the home.

A record of compliments and cards received about the home was kept and shared with the staff team. The comments included thanks to the staff for the care provided and the kindness shown to the patients.

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.

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. A monthly analysis of accidents was completed to identify any trends or patterns in order to ensure appropriate action was taken to help prevent a recurrence.

Staff commented positively about the manager and the management team and described them as supportive and approachable.

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 Conclusion

Patients looked comfortable, content and well cared for in the home. Staff were seen to treat patients with kindness and respect and to offer them the care they required in a timely and discreet manner.

The home was clean, tidy, well decorated and fresh smelling. The atmosphere in the home throughout both days of the inspection was friendly, relaxed and calm.

Patients and their relatives spoke positively about their experience of the home. Staff did express some concerns about staffing but they all agreed that the manager was aware of their concerns and was making efforts to address this issue.

Based on the inspection findings five areas for improvement were identified regarding recording of patients' oral care, oversight of cleaning the small kitchens, replacing identified pedal bins and chairs, storage of thickening agents and cleaning of equipment. Compliance with the areas identified will further enhance the quality of care and services provided to the patients in the home.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015)

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 0           | 5         |

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Dawn Foreman, Registered Manager, and the Senior Management Team 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 Care Standards for Nursing Homes (April 2015)</b>  |   |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6 (14)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>23 August 2021</p> | <p>The registered person shall ensure that patients' personal care needs, including oral care, are regularly assessed and met. Care plans for personal care should include a record of patients' oral care needs and the daily record should include an evaluation of oral care provided, if this was declined or if any challenges had been experienced in this area.</p> <p>Ref: 5.2.2</p>  |
|   | <p><b>Response by registered person detailing the actions taken:</b><br/>An audit of the care plans relating to personal care, including oral care has been undertaken. Any deficits identified with regards to oral care are being addressed by the Registered Manager , Deputy Managers and Registered Nurses .This will be monitored through audit and inspection .<br/>Competencies in personal care and oral care have also been completed with all relevant staff .</p> |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>23 August 2021</p>     | <p>The registered person shall ensure that cleaning schedules for the small kitchens are reviewed in order to clearly identify which staff team are responsible for cleaning all areas in these kitchens on a daily basis. A record of daily and deep cleaning should be maintained. There should be an effective system in place to maintain daily oversight of these kitchen areas in order to ensure that they are kept clean and tidy.</p> <p>Ref: 5.2.3</p>              |
|   | <p><b>Response by registered person detailing the actions taken:</b><br/>The cleaning schedule for the small kitchenettes have been reviewed and implemented . This will be monitored by the Registered Manager on her daily audit to ensure they are kept clean and tidy.</p>  |

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| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>23 October 2021</p>       | <p>The registered person shall ensure that an audit of all pedal bins and seating is completed in order that faulty pedal bins are replaced and that arrangements are made to either reupholster or replace identified chairs.</p> <p>Ref: 5.2.3</p>  |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect</p> | <p>The registered person shall ensure that thickening agents are safely and securely stored and are not accessible to patients.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>All Registered Nurses have been reminded regarding the safe storage of thickening agents . This will be monitored through daily managers audit and appropriate action taken if this occurs again.</p>  |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect</p> | <p>The registered person shall ensure that equipment is cleaned according to the schedules in place but also as and when necessary in order to ensure compliance with best practice in infection prevention and control measures.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Supervisions have been completed with relevant staff who have responsibility for the decontamination of equipment .Staff have also been reminded through staff meetings and debriefing of the importance of Infection prevention and control measures. This will be monitored through audit and observation by the Registered Manager ,Deputy Manager and Registered Nurses.</p> |

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