

Inspection Report

24 March 2023



Bradley Manor

Type of service: Nursing Home
Address: 420 Crumlin Road, Belfast, BT14 7GE
Telephone number: 028 9074 5164

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited</p> <p>Responsible Individual: Ms Amanda Mitchell</p>	<p>Registered Manager: Miss Methyl Dagooc</p>
<p>Person in charge at the time of inspection: Miss Methyl Dagooc</p>	<p>Number of registered places: 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>Categories of care: Nursing Home (NH) I – old age not falling within any other category DE – dementia</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 56</p>
<p>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.</p>	

2.0 Inspection summary

An unannounced inspection took place on 24 March 2023 from 10.00 am to 5.00 pm by a Care Inspector

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

Patients were well presented in their appearance and spoke positively when describing their experiences on living in the home. Patients' unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff members promoted the dignity and well-being of patients and were knowledgeable of patients wishes and preferences.

As a result of the inspection, one area for improvement was stated for a second time and no new areas for improvement were identified. Please see the Quality Improvement Plan in Section 6 of this report.

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 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

During the inspection we consulted with a number of patients and staff. Patients spoke positively on the care that they received and on their interactions with staff.

Discussions with staff confirmed that they felt positive about their roles and duties.

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. No questionnaires were returned to RQIA and we received no feedback from the staff online survey.

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 3 & 5 May 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Second time	The registered person shall ensure that the mealtime experience is a well organised and positive experience which provides all patients with the level of assistance and supervision required. There should be sufficient numbers of staff present to provide the level of support required. Patients should be seated appropriately to avoid distractions which could impact on their ability to focus on their meal.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 23 Stated: First time	The registered person shall ensure that the system in place to monitor pressure mattress settings in the home is effective.	Partially Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement had been partially met and this is discussed further in Section 5.2.2. This area for improvement has been stated for the second time.	

Area for improvement 2 Ref: Standard 21.5 Stated: First time	The registered person shall ensure that the delivery of oral care is clearly recorded.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 18 Stated: 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.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: 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.	
Area for improvement 4 Ref: Standard 28 Stated: First time	The registered person shall ensure that all records referencing the prescribed consistency of thickened fluids, correlate and reflect the most recent prescribed instructions.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

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. Discussion with the manager confirmed that patients’ dependencies were reviewed on a regular basis to determine required staffing levels.

Systems were in place to ensure staff were trained and supported to do their job and mandatory training was progressing for staff. The management confirmed that training compliance was kept under review.

Review of records provided assurances that a system was in place to ensure all relevant staff were registered with the Nursing and Midwifery Council (NMC). There was also a system in place to monitor registration status of care staff with the Northern Ireland Social Care Council (NISCC).

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management.

5.2.2 Care Delivery and Record Keeping

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. Care plans included any advice or recommendations made by other healthcare professionals. Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs; individual preferences were reflected throughout the records.

The previous inspection identified an area for improvement in relation to pressure relieving equipment. Patients who are less able to mobilise may require the use of pressure relieving equipment to assist with the prevention of pressure ulcers. A review of records and discussion with management confirmed that a system had been implemented to ensure ongoing monitoring of settings on pressure relieving equipment. A review of a sample of settings on pressure relieving equipment did not consistently correlate to identified records. This was discussed with the management for review and action; this area for improvement is stated for a second time.

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. The previous inspection identified an area for improvement in relation to the mealtime organisation, supervision and experience of patients. It was noted that there had been an improvement from the previous inspection.

Lunch served in the 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.

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. Some patients preferred to have their meal in their own room and this was readily accommodated with support provided as required. Patients spoke positively in relation to the quality of the meals provided.

Staff demonstrated their knowledge of individual patients' needs, preferred daily routines, likes and dislikes, for example, where patients preferred to sit and what they liked to eat.

It was observed that staff were responsive to requests for assistance and were observed to treat patients with respect and kindness.

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

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. Observation identified some areas required updating, for example replacement of flooring in an identified area. This was discussed with management, who confirmed that refurbishment will be undertaken as identified in their ongoing refurbishment plan. This will be reviewed at a future care inspection.

Corridors and fire exits were observed to be free of clutter and obstruction.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

Staff took time to chat to patients as they were going about the daily routine; they asked patients how they were, if they would like a drink and if they needed anything. The atmosphere throughout the home was warm, welcoming and friendly.

Discussion with management and staff confirmed that activity staff were available to provide activities for patients. Patients' needs were met through a range of individual and group activities. Patients spoken with commented positively on the activities provided.

Staff recognised the importance of maintaining good communication with families; visiting arrangements were in place, with 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 has been the Manager in this home since the 18 October 2021. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

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.

There was a system in place to manage complaints. The management team confirmed that they continue to work closely with the BHSC and patients' relatives to ensure that concerns and complaints are dealt with satisfactorily.

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 (April 2015)

	Regulations	Standards
Total number of Areas for Improvement	0	2*

*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan identified were discussed with the management, 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 Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that the system in place to monitor pressure mattress settings in the home is effective.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A mattress audit is completed every month to ensure that mattress is in the right setting. Home Manager/ Nurse in charge of the unit are completing a spot check on daily basis Care staff are checking mattress twice a day. This is being validated by senior management in Reg 29 visits</p>
<p>Area for improvement 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>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.</p> <p>Ref: 5.2.6</p> <p>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.</p>

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



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