



The Regulation and
Quality Improvement
Authority

Bradley Manor
RQIA ID: 020088
420 Crumlin Road
Belfast
BT14 7GE

Inspectors: Karen Scarlett
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**Unannounced Post Registration Inspection
of
Bradley Manor**

24 August 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced post registration, care inspection took place on 24 August 2015 from 09.30 to 15.00 hrs.

The focus of this inspection was to assess the day to day operations of the home since registration in July 2015 and to assess progress with the issues raised during and since the pre-registration inspection on 9 July 2015.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the pre- registration, care inspection on 9 July 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

The details of the Quality Improvement Plan (QIP) within this report were discussed with the the registered manager, Amanda Mitchell as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Healthcare Ireland (Belfast) Limited	Registered Manager: Amanda Mitchell
Person in Charge of the Home at the Time of Inspection: Amanda Mitchell	Date Manager Registered: 16 July 2015
Categories of Care: NH-DE, NH-I, RC-DE	Number of Registered Places: 76
Number of Patients Accommodated on Day of Inspection: 23	Weekly Tariff at Time of Inspection: £470 - £643

3. Inspection Focus

The focus of this inspection was to assess the day to day operations of the home since registration in July 2015 and to assess progress with the issues raised during and since the pre-registration inspection on 9 July 2015.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with patients
- discussion with staff
- review of care records
- observation during an inspection of the premises
- evaluation and feedback

Prior to inspection the following records were analysed:

- incident and accident notifications
- the previous care inspection report
- the returned quality improvement plan (QIPs) from the pre-registration inspection on 9 July 2015

The inspectors met with six patients individually and the majority of others in groups, two care staff, three nursing staff, one visiting professional and four patient's visitors/representatives.

The following records were examined during the inspection:

- the statement of purpose
- the patient's guide
- complaints
- accidents and incidents
- staff meetings
- staff training
- duty rotas
- staff induction records
- three care records

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the Bradley Manor was an announced, pre-registration inspection jointly conducted by care and estates inspectors on 9 July 2015. The completed QIP was returned and approved by the care inspector. Issues identified by the estates inspector were addressed in subsequent correspondence to the registered provider.

5.2 Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 34 Stated: First time	It is recommended that the registered person ensures the statement of purpose is updated in the complaints management section, to reference the possible referral to the NI Ombudsman.	Met
	Action taken as confirmed during the inspection: The statement of purpose had been updated to include the details of the NI Ombudsman within the complaints section. However, the file available in reception contained and out of date copy. This was replaced with the most recent copy on the day of inspection. This recommendation has been met.	

5.3 Areas Examined

5.3.1. Comments of Patients, Patient Representatives and Staff

As part of the inspection process patients, their representatives, visiting professionals and staff were consulted and questionnaires issued. All comments were generally positive. Some comments received are detailed below.

Patients

Patients did not complete the questionnaires but comments made in discussion included:

“The food is very good.”

“Staff come quickly if I need them.”

Patients were well presented and were observed chatting easily to one another and to the staff. Relationships between patients and staff were observed to be relaxed and friendly. No issues or concerns were raised.

Patients’ Representatives

No patients’ representatives completed questionnaires but those spoken with were happy with the home and the care provided. One relative commented on the garden and that they were able to take their relative outside. Another relative had made a complaint to the manager and this had been fully addressed. No issues or concerns were raised.

Staff

The inspectors spoke with a number of staff and six staff completed questionnaires. Staff were happy working in the home and felt well supported by the team and the management.

Comments in the questionnaires included the following:

“It is exciting to be involved in a new home from opening.”

“Good working atmosphere creating good staff morale.”

“I love coming to work.”

Visiting Professionals

One visiting professional spoke with the inspector. She raised no concerns in relation to the care and treatment of patients in the home and commented that she found staff very helpful.

5.3.2. Environment

The home was well presented throughout with a high standard of décor and cleanliness. It was noted however, that there were a number of settlement cracks on walls and tiling in patients' en-suite bathrooms throughout the home. This was discussed with the estates inspector for the home following the inspection. The estates inspector sent e-mail correspondence to the home manager on 25 August 2015 requesting clarification of the actions which will be taken to address this. A response was received from the registered manager on 26 August 2015 confirming appropriate actions were being taken.

5.3.3. Care Records

The care records are computerised and staff have had training in operating the new system. In discussion with the manager and clinical lead it was noted that as the system is new staff require further guidance on how to effectively enter data on to the system. Staff training was underway on the day of inspection in order to address this. Three electronic care records were reviewed. In general, risk assessments and care plans had been completed for patients. These had been reviewed to reflect changes in patients' needs. Detailed records had been kept of individual patients' food and fluid intake.

However, it was noted that one patient had no care plan in place for the management of a wound. It was not clear from the records what dressing was in use or when it had been redressed. A requirement has been made in this regard.

There was no validated pain assessment tool in use which would be of particular importance in identifying and effectively managing pain in those patients with dementia. The registered manager assured the inspector that this would be added to the system and completed by staff as required. A recommendation has been made in this regard.

The medication records were also kept electronically. It was noted that there were no photographs of patients available on the medication records in order to identify patients safely. This was discussed with the registered manager who was aware of this issue and agreed to rectify this as soon as possible. The aligned pharmacy inspector was informed following the inspection and this will continue to be monitored as part of the ongoing inspection process. Correspondence was sent to the registered manager on 26 August 2015 asking her to confirm that this matter has been fully addressed. A response was received within the required

timeframe confirming that photographs were now available on each patient's medication record.

5.3.4. Incident and Accidents

A review of the incidents and accidents was conducted. It was noted that three patients have fallen in the home since July 2015, sustaining fractures as a result. RQIA and the host Trust had been appropriately notified of the incidents and prompt action had been taken in each case. A review of the care records of two of these patients evidenced that the relevant risk assessments and care plans had been in place and had been appropriately reviewed in response to these incidents. The Trust quality monitoring team were working with the home to identify any learning and help to prevent any recurrence.

5.4 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Amanda Mitchell, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.6 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

5.7 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.8 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to the RQIA office and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1
Ref: Regulation 16 (1)

Stated: First time

To be Completed by:
30 September 2015

The registered person shall ensure that a written nursing plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met. This is particularly in relation to wound care.

Response by Registered Person(s) Detailing the Actions Taken:

*This has been addressed.
Residents and relatives are encouraged to contribute to their plan of care
This will be monitored through internal audit*

REGULATION AND QUALITY

07 OCT 2015

IMPROVEMENT AUTHORITY

Recommendations

Recommendation 1
Ref: Standard 26
criterion 3

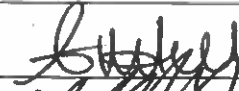

Stated: First time

To be Completed by:
30 September 2015

Staff should use a validated pain assessment tool to ascertain if residents with dementia are in pain and respond effectively to the need for pain relief.

Response by Registered Person(s) Detailing the Actions Taken:

There is a validated pain assessment tool in place for residents with dementia.

Registered Manager Completing QIP		Date Completed	30/9/15
Registered Person Approving QIP		Date Approved	30/9/15
RQIA Inspector Assessing Response	<i>Pearlitt</i>	Date Approved	12/10/15

Please ensure the QIP is completed in full and returned to RQIA's office from the authorised persons

Please provide any additional comments or observations you may wish to make below: