

Announced Premises Inspection Report 20 October 2016



Bradley Manor

Type of Service: Nursing Home
Address: 420 Crumlin Road, Belfast, BT14 7GE
Tel No: 028 9074 5164
Inspector: K. Monaghan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Bradley Manor took place on 20 October 2016 from 10:30hrs to 13:00hrs.

The inspection sought to determine if the nursing home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered provider. Reference should be made to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms. Amanda Celine Mitchell, Registered Manager, 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.

1.2 Actions/enforcement taken following the most recent premises inspection

This was the first routine premises inspection of this home.

2.0 Service Details

Registered organisation/registered provider: Healthcare Ireland (Belfast) Limited / Mr. Gilbert Yates, Responsible Person	Registered manager: Ms. Amanda Celine Mitchell
Person in charge of the home/establishment/agency at the time of inspection: Ms. Amanda Celine Mitchell, Registered Manager	Date manager registered: 16 July 2015
Categories of care: NH-DE, NH-I, RC-DE	Number of registered places: 82

3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The statutory notifications over the past 12 months
- The concerns log

During this premises inspection discussions took place with Ms. Amanda Celine Mitchell, Registered Manager.

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The legionella bacteria risk assessment report
- The fire risk assessment report.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection on 13 October 2016

The most recent inspection of this home was an unannounced medicines management inspection IN025316 on 13 October 2016. The completed QIP for this inspection is not due to be returned to RQIA until 21 November 2016. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection

This was the first routine premises inspection of this home. A review of the requirements and recommendations from the last premises inspection was therefore not relevant.

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor in line with the guidance issued by RQIA in relation to the competency of fire risk assessors.

This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. A legionella risk assessment was completed on 08 July 2015 by a specialist company. The water system was disinfected on 04 October 2016 and the shower heads were also disinfected on this date. Water samples were sent for legionella testing in October 2016. The results for these samples were still pending. The maintenance person for the home who is a plumber attended legionella training on 19 October 2016 and he will be undertaking the servicing and ongoing maintenance of the thermostatic mixing valves throughout the premises. Subsequent to this premises inspection Ms. Mitchell also confirmed to RQIA that the servicing of the thermostatic mixing valves would be commencing on 07 November 2016 and that this work would include fail-safe testing of the thermostatic mixing valves. Any outside taps that are not in frequent use during the colder months will also be included in the outlets to be flushed twice weekly.

Areas for improvement continued

2. Detailed drawings are available in the home for the water installations. It was agreed that it would also be beneficial to supplement these drawings with a simple schematic drawing of the water systems.
3. The washer / disinfectors in the sluice were serviced on 19 October 2016. One of these washer / disinfectors had however been taken out of service because it was not reaching the required temperature. Arrangements had been made to repair this equipment.
4. The medical equipment was serviced by a specialist company on 19 October 2016. The hoists were thoroughly examined on 16 May 2016. One hoist was identified as requiring attention. The specialist baths were also serviced on 19 October 2016. Remedial works were required to two of these baths. Ms. Mitchell however confirmed that the hoist had been repaired and arrangements had been made to complete the necessary remedial works to the baths. In the interim these baths have been taken out of service.
5. A fire risk assessment review was carried out on 11 March 2016 in line with the guidance issued by RQIA in relation to the competency of fire risk assessors. Fire doors are checked quarterly, the fire alarm system was inspected and serviced on 01 August 2016 and the emergency lights were also inspected and tested on 01 August 2016. Ms. Mitchell confirmed that the emergency lights that had been identified for attention during the inspection and test that was carried out on 01 August 2016 had been repaired and arrangements had been made to have the kitchen extract system inspected and cleaned in the near future. Ms. Mitchell also agreed to follow up some minor fire stopping in the computer equipment store on the ground floor, the adjustment of the double corridor fire doors on the second floor to ensure a more effective smoke seal between the meeting edges and the replacement of a heat detector with a smoke detector in a general store on the second floor.
6. The fire alarm is tested weekly and the emergency lights are function checked each month. Records to support these checks were presented for review during this premises inspection. Fire drills were carried out on 28 September 2016 and on 14 October 2016. Ms. Mitchell also confirmed that 25 staff had received fire warden training, the 'e' fire safety training was 96% compliant and there were arrangements in place to monitor fire safety training and fire drill attendance for all staff. It also was confirmed during this premises inspection that face to face fire safety training was arranged with a specialist company for 14 November 2016.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

The home reached the finals in two Alzheimer's Society dementia award competitions for 2016.

This supports the delivery of effective care.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Pre-paint repairs in relation to plaster cracking and redecoration were ongoing in the premises at the time of this inspection. Arrangements had also been made to replace the floor covering in the main kitchen.

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts. It was not however clear if this included all of the equipment alerts that are issued by the Northern Ireland Adverse Incident Centre through the Safety Alert Broadcast System. Subsequent to this premises inspection detailed information in relation to the equipment alerts was forwarded to Ms. Mitchell by RQIA. Following on from receipt of this information Ms. Mitchell confirmed to RQIA that the alert procedure in the home had been updated in line with the guidance issued by RQIA.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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