



Unannounced Follow-up Care Inspection Report 4 August 2020



Bradley Manor

Type of Service: Residential Care Home
Address: 420 Crumlin Road, Belfast BT14 7GE
Tel No: 02890745164
Inspector: Bronagh Duggan

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 21 beds that provides care for residents living with dementia.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland (Belfast) Ltd Responsible Individual: Amanda Celine Mitchell	Registered Manager and date registered: Julie Watson 10 December 2018
Person in charge at the time of inspection: Julie Watson	Number of registered places: 21
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 20

4.0 Inspection summary

An unannounced inspection took place on 4 August 2020 from 09.30 to 17.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection sought to assess progress with any issues raised since the previous inspection and to determine if the home was delivering safe and effective care to the residents in the home.

It is not the remit of RQIA to investigate complaints/ adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- Staffing
- Infection prevention and control (IPC) and Personal Protective Equipment (PPE)
- Care delivery
- Care records
- Management and governance arrangements

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Julie Watson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 28 February 2020.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accidents and incidents since the previous care inspection, the previous inspection report and any other relevant information received by RQIA.

During the inspection the inspector met with residents, staff, the registered manager and responsible individual. Questionnaires and "Tell Us" cards were left at the home for residents and or their representatives to complete. Information was also shared on how staff could access questionnaires to share their views about working in the home. No questionnaires were returned within the identified timescale.

The following records were examined during the inspection:

- Staff duty rota from 27 July 2020 to 16 August 2020
- Three care records
- Accidents and incident records
- Compliments and complaints
- Sample of monthly monitoring reports
- Staff training records
- Sample of audits and governance records
- Certificate of registration

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 previous inspection(s)

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing

We arrived at the home at 9.30 am discussion with the manager confirmed the planned daily staffing levels for the home. Staff duty rotas for the period of 27 July 2020 to 16 August 2020 were reviewed. Records showed shifts were covered and there were stable staffing arrangements in place. We discussed with the manager the on call system which ensures appropriate out of hours cover when needed. Discussion with the registered manager and staff confirmed that staffing levels were maintained to ensure the needs of residents could be met. No concerns were raised by staff regarding staffing levels in the home.

We met with staff and discussed their experiences of working in the home. Staff were aware of the reporting arrangements in the home and who to speak with if they had any concerns. Observations of staff practice showed they were kind and courteous to residents and responded promptly to call bell requests for assistance. Staff spoken with confirmed there was good team working within the home. Staff showed they were aware of the individual needs of patients.

Comments received from staff included:

- “We all work together, good teamwork, everything gets done. Some of the residents feel a bit restricted with the lock down, they would have went out to tea dances and things but these have been cancelled with Covid 19. They have the gardening, they enjoy it.”
- “I love working here, I love the residents, I want to be here to support the residents.”
- “I’m very happy here. I love my job, couldn’t get a better unit. The residents are well looked after.”

6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Upon arrival at the home inspectors temperatures were taken and they were asked if they had been displaying any symptoms associated with Covid 19. This information was recorded accordingly. The manager confirmed all residents and staff had temperatures taken twice daily. PPE supplies and hand sanitization was available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with current guidance. Supplies were easily available during the inspection.

During discussion with staff they were aware of what to do and how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which included regular cleaning of touch points throughout the home to minimise the risk of infection spread.

During a walk around the home it was found to be warm, clean and tidy. Communal areas including lounge, dining area and bathrooms were generally well maintained. Some paintwork was observed as being in need of improvement on corridors and some door frames. The registered manager advised that an action plan had been completed with regard to identifying environmental improvements and these were due to be addressed in the near future as environmental improvements had been delayed due to the Covid 19 situation. An area of flooring in the main sitting room had also been identified for improvement. Progress regarding the environmental improvements will be followed up at a future inspection.

6.2.3 Care delivery

We observed staff practice in the home; interactions with residents were warm and friendly. Staff showed good knowledge of residents' individual needs. Residents were well presented with obvious time and attention given to their personal care. Staff referred to residents by name and showed that they were aware of resident's personal preferences. We observed the lunchtime experience; we observed that residents were offered a choice of meal. Soft music was playing in the background to add a sense of ambiance. The dining room was well decorated and tables nicely set. Staff were available to assist residents as needed. Some residents chose to have their lunch in their bedrooms. This was accommodated; meals were transported with appropriate coverings.

There was a relaxed and unhurried atmosphere in the home. Some residents were observed relaxing in their bedrooms during the day, while others rested in the communal sitting room or on seating throughout the general areas. Residents appeared comfortable; staff were available throughout the day to meet their needs. Call bells were observed to be in easy reach for residents.

Comments from residents included:

- "The staff are good, it's nice (here)."
- "I like it here, they (staff) are all very good. I am very happy."
- "They couldn't do any more for you. I can't complain."
- "It's good, staff are kind."

6.2.4 Care records

We reviewed a sample of three care records; these were completed on an electronic records system. Records included an assessment of needs, risk assessments, care plans and daily evaluation records. Care needs assessments and risk assessments were reviewed and updated on a regular basis or as any changes occurred. We noted from one of the care records inspected the care plan regarding the management of distressed reactions did not reflect all relevant information in relation to how the resident was to be supported. This issue was discussed with the registered manager. An area for improvement was identified. The registered manager advised staff we are aware of the need to identify any behavioural changes shown by residents.

6.2.5 Governance and management arrangements

The registered manager outlined the management arrangements within the home. The registered manager confirmed she felt well supported during recent months by the senior management team and there was a clear system in place to share all relevant information with regular debriefs. Staff spoken with also confirmed they were kept well informed of changes and were comfortable in approaching management if they needed to.

We reviewed a sample of audits which were completed on a regular basis, including call bell audits, complaints, environment, infection prevention and control, accidents and incidents, and medication management. There was a system in place regarding complaints management, these were handled satisfactorily. There was also a system in place to record compliments received by the home. There was a system in place regarding the reporting of notifiable events. Review of records showed RQIA had been notified appropriately of accidents and incidents in the home.

Monthly monitoring reports had been completed; a sample of these was viewed from April to June 2020. The reports showed an oversight of the home was maintained and action plans were in place to highlight any areas to be addressed as a result of the monitoring visits. The reports also showed the views of residents and representatives; some of these had been gathered via telephone during the peak of the Covid 19 situation.

Staff confirmed there were good working relationships with professionals outside of the home. Staff were aware of how to report any concerns if necessary and confirmed there was good communication systems in place. The homes certificate of registration was displayed appropriately.

Areas of good practice

Areas of good practice were identified in relation to interactions between staff and residents, teamwork, sharing of information, meal choices, and the completion of regular audits and checks.

Areas for improvement

One area for improvement was identified in relation to the reviewing and updating of an identified residents care plan to clearly reflect how to manage distressed reactions.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie Watson, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6 Stated: First time	<p>The registered person shall ensure the care plan for the identified resident is reviewed and updated to clearly reflect the plan of care with regards to managing distressed reactions.</p> <p>Ref: 6.2.4</p>
To be completed by: 6 August 2020	<p>Response by registered person detailing the actions taken:</p> <p>This care plan has been updated and learning shared to care plans for other residents who may display distressed reactions. This will be audited by the Registered Manager during monthly audits on an ongoing basis to ensure improvements are sustained. They will also be audited as part of the REG 29 process.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)