



Unannounced Care Inspection Report 9 September 2019



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 registered residential care home which provides care for up to 21 residents with dementia. The home shares a building with Bradley Manor Nursing Home.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited 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: 21

4.0 Inspection summary

An unannounced inspection took place on 9 September 2019 from 10.30 hours to 17.15 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, training, supervision and appraisal, the environment, culture and ethos of the home and maintaining good working relationships.

Areas requiring improvement were identified regarding the duty rota, ensuring more detail in care plans relating to the management of diabetes and the reporting of notifiable events.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Julie Wilson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection. Amanda Mitchell responsible individual was also present during feedback at the conclusion of the inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 26 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 26 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned in the identified timescale.

During the inspection a sample of records was examined which included:

- staff duty rotas from 28.8.19 to 15.9.19
- staff training schedule and training records
- one staff recruitment and induction record
- supervision and appraisal schedule
- competency and capability assessments
- three residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records from March to September 2019
- minutes of staff meetings
- minutes of residents meetings

- NISCC information
- reports of visits by the registered provider from May to July 2019
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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)

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.3 Stated: First time	The registered person shall ensure that furniture; fittings and any equipment or mobility aids in areas accessed by residents are positioned to take into account the mobility and overall needs of the residents.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed individualised risk assessments had been completed regarding the use of colour contrasting equipment relevant to the individual needs of residents and these had been replaced as needed.	
Area for improvement 2 Ref: Standard 6.1 Stated: First time	The registered person shall ensure that residents and/or their representative are encouraged and enabled to be involved in the care planning process, but when a resident is unable or chooses not to, this is recorded.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of records showed systems were in place to ensure residents and or their representatives views were incorporated into the care planning process.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: 20 April 2019	The registered person shall ensure that the management of warfarin is reviewed and monitored.	Carried forward to the next care 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 will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 6 Stated: First time	The registered person shall ensure that the management of distressed reactions is reviewed and monitored.	Carried forward to the next care 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 will be carried forward to the next care inspection.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

On arrival we observed the home was comfortably heated and welcoming. All residents appeared well cared for, appropriately dressed, with obvious time and attention afforded to personal care needs. Some residents sat within the lounge watching TV, others were relaxing in their bedrooms.

The registered manager explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers would be adjusted when needed. No concerns were raised by residents or staff regarding staffing levels in the home. Residents spoken with confirmed staff were available to help when needed. The staff duty roster reviewed reflected staff on duty over the twenty four hour period, however it was noted on at least one occasion the rota maintained did not reflect the staff on duty to cover what was a period of short notice absence. This issue was discussed with the registered manager. An area for improvement was identified.

The registered manager confirmed competency and capability assessments were in place for staff in charge of the home in the manager's absence. A sample of assessments was viewed and found to be satisfactory.

One recruitment and induction record was viewed during the inspection. The recruitment record reviewed showed all relevant pre-employment checks had been completed including references and Access NI checks. The induction record had also been completed. The registered manager advised a job specific induction was completed by all new staff members appropriate to their role.

The registered manager explained that all care staff were registered with the Northern Ireland Social Care Council (NISCC) and that registrations were tracked and regularly reviewed. The tracking of NISCC registration was included within the managers monthly audit check.

Staff spoken with said they received good support from the manager who was described as being "very approachable". Staff confirmed they also received regular supervision and appraisal.

Staff training schedules reviewed evidenced that mandatory training was being provided for staff and maintained on an up to date basis. Review of training records showed staff had completed additional training relevant to supporting residents including for example falls prevention, complaints, diabetes awareness, and dementia awareness.

The registered manager outlined the arrangements for the adult safeguarding champion for the home. The annual safeguarding position report shall be reviewed at a future inspection. Staff training in adult safeguarding was included within mandatory training records and staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse.

Accident and incident records were reviewed, the measures in place to minimise the risk of falls included, for example, fall risk assessments and referral to trust occupational therapist regarding the provision of various aids and appliances to aid mobility as needed. The Falls Prevention Toolkit was discussed with the registered manager; the benefit of using this or a similar tool to ensure best practice with regard to falls management in the home was discussed.

An inspection of the home was undertaken. Residents' bedrooms were found to be personalised with items of memorabilia and special interests displayed. All areas within the home were observed to be comfortably heated, odour free and clean. The home décor was finished to a high standard. The home was bright and welcoming; residents interacted well with each other in the main sitting room area. In addition, residents had access to a small library area within the home and a secure garden.

The registered manager advised there were restrictive practices in use in the home including for example a keypad entry system. The registered manager advised that although there was none currently in use in the home if alarm mats were in place their use would be agreed and recorded appropriately. Records maintained in the home showed all restrictive practices in use were reviewed monthly. The registered manager advised she had completed training in relation to the Mental Capacity Act legislation and was aware of the emerging framework and that there were plans in place to ensure all staff received relevant training.

We observed a good supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents. Review of training records showed staff completed training in infection prevention and control (IPC). Discussion with staff confirmed they were aware of procedures to reduce or minimise the risk of infection, the importance of handwashing, and outlined cleaning arrangements in the home.

Walkways throughout the home were kept clear and free from obstruction. Fire doors were managed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and the home's environment.

Areas for improvement

One area was identified for improvement in relation to ensuring the duty rota accurately reflected hours worked.

	Regulations	Standards
Total numb of areas for improvement	0	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We could see that the residents were getting the right care and that the staff responded to residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

There was evidence within three residents' care records reviewed that risk assessments were completed and reviewed on a regular basis. Risk assessments had been completed for example on falls management. The registered manager advised work was ongoing regarding the review of care plans for all residents in the home to ensure a greater level of person centeredness. A sample of three care records was reviewed; these contained relevant information regarding how best to support the residents and their care needs. However it was noted there was limited information included in one identified care record in relation to the management of diabetes. This issue was discussed with the registered manager, an area for improvement was identified.

Review of the care records showed that one resident last had a care review in 2017. This issue was discussed with the registered manager who was advised to contact the referring Trust regarding the matter.

Review of one of the care records showed that speech and language therapist (SALT) guidance was included within the resident's care plan, and staff were aware of the guidance. Residents

spoken with confirmed they were happy with the food provided. There was a four weekly rotating menu in place; the daily menu which indicated choices was displayed in the dining room.

Regarding the dining experience, we could see that the dining room was warm, clean and bright. Tables were nicely set with table mats, napkins, condiments and table decoration. We could see that the portion sizes were good and there was a variety of cold drinks available. The lunch service was relaxed and well organised. The registered manager advised residents choose to have the TV on during breakfast to watch the morning news. The residents said that they enjoyed the food in the home. Drinks and snacks were observed as being served during the day.

Comments from residents included:

- “The food is lovely.”
- “The food is dead on for me, there is nothing wrong with it.”

Staff spoken with confirmed there were good communication systems in the home and they felt they were kept well informed of any changes. Staff shared there was a daily handover at the beginning of each shift, an allocation of duties record and there was also regular staff meetings. The registered manager explained how she would regularly work shifts on the floor.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the meal time experience, record keeping and communication between residents, staff and other key stakeholders.

Areas for improvement

One area was identified for improvement in relation to ensuring greater detail in an identified care plan regarding the management of diabetes.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents interacting easily with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

Throughout the inspection staff interactions with residents were observed to be compassionate with knowledge of residents' preferences and assessed needs. There was a pleasant happy

atmosphere within the home, with residents conversing with staff and each other in a relaxed manner.

Residents' preferences and interests were reflected within their care records and staff demonstrated good awareness and understanding of residents likes and dislikes. Residents spoken with shared their interests and regular outings. One resident shared how they had won a medal the previous weekend playing bowls in the local community. Staff said that there was flexibility in the daily routines and that resident choice was always a priority.

Staff described how they aim to promote residents' independence; for example by way of encouragement; to help residents maintain their independence as best as possible.

Comments from residents and staff included:

- "I like it here very much, can't complain about anything." (resident)
- "It's very nice, can't say anything bad about it, the staff are good." (resident)
- "I am very happy here." (resident)
- "I like my room, it is comfortable." (resident)
- "I love it here, dementia is my thing. I really enjoy supporting the residents." (staff)
- "It's a joy to work here, no two days are the same. I love it." (staff)

Activities such as arts, crafts, musical events, nail care, and reminiscence were available for residents. Residents are also given the opportunity to access events in the local community. Discussions with residents confirmed that they liked to access the homes café and garden area.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. The certificate identifies the management arrangements for the home and the maximum number of residents allowed to be accommodated in the home. Discussion with the registered manager and staff, and observations confirmed that the home was operating within its registered categories of care.

The registered manager explained that she is supported in her role by senior carers, carers and ancillary team of staff and that the assessed needs of residents were met in accordance with the home's statement of purpose, legislation and best practice guidance. Staff shared that the home's manager was 'very approachable' and they felt they had "a good relationship with management". The registered manager explained how there was a weekly "managers surgery" when time was set aside and she was available to meet with families / representatives at their request. This was good practice.

The registered manager remained on duty throughout the inspection. Staff we spoke with demonstrated good understanding of their roles and responsibilities.

The home retains a wide range of policies and procedures in place to guide and inform staff.

Review of accidents, incidents and notifiable events showed there were a number of reportable events which had not been reported to RQIA as necessary. This issue was discussed with the registered manager. An area for improvement was identified.

The registered manager explained that a selection of monthly audit checks were completed including, for example environmental checks, care plans, accidents and incidents, falls, medication and staff training. Additional management oversight and quality assurance was undertaken by way of the monthly monitoring visits undertaken by the registered provider's representative. Review of reports for May to August 2019 showed they were detailed and included action plans to address areas for improvement and were followed up on a monthly basis.

The home had a complaints policy and procedure in place. A copy was displayed in a central part of the home. Review of complaints records showed the outcome of the investigation and the complainant's level of satisfaction. Residents told us they would not hesitate to complain if they were unsatisfied with their care.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints quality improvement and maintaining good working relationships.

Areas for improvement

One area was identified for improvement in relation to reporting of notifiable events.

	Regulations	Standards
Total number of areas for improvement	1	0

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 provider 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 (d) Stated: First time To be completed by: 11 September 2019	<p>The registered person shall ensure RQIA are notified of any event in the home which adversely affects the care, health, welfare or safety of any resident.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: All senior carers have been reminded of this requirement and where to seek advice if unsure. A improved quality assurance system has also been implemented to ensure that RQIA has been notified of all incidents that adversely affects residents.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: 9 September 2019	<p>The registered person shall ensure a record is kept of staff working over a 24 hour period and the capacity in which they worked.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: A nurse completed a bank shift covering for short notice absence of a senior carer on this one occasion and the nurse's name was recorded on nursing home off duty and not on the residential home off duty. All senior staff for both nursing and residential homes in Bradley Manor have been reminded of the importance of off duty being updated in contemporaneous manner. The Registered Manager is monitoring this for any changes made outside her working hours on return to work.</p>
Area for improvement 2 Ref: Standard 6.2 Stated: First time To be completed by: 11 September 2019	<p>The registered person shall ensure the identified care plan is updated to reflect in greater detail the management of diabetes.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Care plans regarding diabetes have been reviewed and more detail recorded regarding management as per guidance given. The Registered Manager has also reviewed the information available for all residents in regard to current and past medical history and has reviewed care plans to ensure this learning is shared to other medical conditions. This will continue to be monitored going forward in care plan audits for all changes in conditions of current residents and for new admissions.</p>

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



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