

# Unannounced Care Inspection Report

## 26 February 2019



## Bradley Manor

**Type of Service: Residential Care Home**  
**Address: 420 Crumlin Road, Belfast, BT14 7GE**  
**Tel No: 028 9074 5164**  
**Inspector: Heather Sleator**

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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.

## 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

<b>Applicant Organisation/Registered Provider:</b> Healthcare Ireland (Belfast) Limited  <b>Applicant Responsible Individual:</b> Amanda Mitchell	<b>Applicant Registered Manager:</b> Julie Watson
<b>Person in charge at the time of inspection:</b> Julie Watson	<b>Date manager registered:</b> 10 December 2018
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of registered places:</b> 21

### 4.0 Inspection summary

An unannounced care inspection took place on 26 February 2019 from 09.30 to 15.00 hours. This was the first inspection of the home following their registration as a residential care home.

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 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 staffing, staff training and the home's environment. There were examples of good practice throughout the inspection in relation to the delivery of care and support to residents and staff's knowledge of the residents as individuals. Good practice was observed in relation to the culture and ethos of the home, dementia care practice, mealtimes and the provision of activities.

Areas requiring improvement were identified under the care standards regarding upgrading the ensuite facilities in residents' bedrooms and providing evidence that residents and/or their representatives had been consulted regarding the care planning process.

Residents described living in the home in positive terms; comments included "We're well looked after, I'd be telling lies if I said we weren't." Residents who could not verbalise their opinions, or did not wish to, were observed to be comfortable and at ease in their surroundings. There was evidence that staff were responsive and supportive to residents in everyday life events.

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
<b>Total number of areas for improvement</b>	0	2

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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the pre-registration inspection report
- notifiable events
- written and verbal communication received since the previous inspection

During the inspection the inspector met with the registered manager, 20 residents, three residents' representatives and four staff.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. There were no questionnaires returned by residents, resident's representatives or staff within the specified timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Two staff files
- Two residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering, Infection Prevention and Control (IPC), NISCC registration
- Infection control register/associated records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings/ representatives' meetings/ other
- Evaluation report from annual quality assurance survey

- Reports of visits by the registered provider
- Individual written agreements
- Programme of activities

There were no areas for improvement identified at the last inspection.

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 the most recent inspection dated 11 April 2018

The most recent inspection of the home was an announced pre-registration care inspection. There were no areas for improvements made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

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

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met.

We spoke with a relative who commented, “there’s never enough staff” however the relative also stated that they were satisfied with the care and supported afforded by staff. In discussion with a staff member it was stated that that they felt it would be helpful to have more staff on duty between 14:00 hours to 16:30 hours as during this time there were only two care assistants and a senior care assistant on duty. There was no evidence at the time of the inspection that the staffing arrangements impacted poorly on resident care. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice. A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Arrangements were in place to monitor the registration status of care staff with their professional body. Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained. Appropriate protection plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns where issues were identified

The registered manager advised there were restrictive practices within the home where there was assessed need. One alarm/alert mat was in use, the review of the resident's care records evidenced the rationale for this had been documented. The review of the governance/quality monitoring records evidenced that the registered manager completed a monthly audit in respect of the use of any restrictive practice.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary. The registered manager was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed. The review of a behaviour management plan in a residents care records was detailed and specific.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken were comprehensive and action plans were developed to address any deficits noted.

Audits of accidents/falls were undertaken on a monthly basis. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. We spoke with two relatives of a resident. The relatives raised three issues regarding their relative's bedroom. The relatives felt that colour contrasting toilet seats would be beneficial in their relatives ensuite, the placement of the toilet roll holder was too high to easily reach and that fluid intake records should be in residents bedrooms if/when they are unwell. These issues were discussed with the registered manager and the registered individual (Amanda Mitchell). Both agreed they would address the issues. However, as the issues raised were pertinent to all the residents in the home this has been identified as an area for improvement under the care standards.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place. The registered manager stated that the most recent fire risk assessors report was 26 February 2018 and confirmed that any recommendations made had been addressed.

Residents and staff spoken with during the inspection made the following comments:

"We all get on well and things have improved from we separated from the nursing home."  
(Staff)

"I like it here well enough, the girls are nice." (Resident)

## Areas of good practice

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

## Areas for improvement

An area for improvement was identified under the care standards regarding upgrading the ensuite facilities as discussed.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of two care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments including, manual handling, bedrails, nutrition, falls, where appropriate were reviewed and updated on a regular basis or as changes occurred. Evidence was present of social history/life story information to enable staff to have a greater understanding of each person. It was suggested in discussion with the registered manager that this information was more readily accessible and would be of benefit if placed in residents' bedroom. The registered manager agreed to consider this

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were not consistently signed by the resident and/or their representative to evidence their involvement and engagement with the process. This was discussed with the registered manager who stated it could be problematic to obtain the evidence of the consultative process and agreed to try and make the process more robust. This has been identified as an area for improvement under the care standards.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible.



Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example staff were very aware of the nutritional preferences of the residents and, as observed at the midday meal service, ensured that individual preferences were met. Staff also recognised the importance of residents maintaining their close relationships with family and informed of how a family member had 'Sunday lunch' in the home with a resident each week.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The midday meal service was observed. This was an enjoyable mealtime for residents. The meal time was not rushed, staff were observed assisting and supporting residents, where needed, and individual food preferences were respected even when they were not on the day's menu. One resident commented, "We're well looked after, I'd be telling lies if I said we weren't."

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, care review, accidents and incidents were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews and shift handovers. Residents meetings take place on a regular basis chaired by the activities coordinator. At the residents meeting of 22 February 2019 residents suggested an outing to the Titanic quarter and a Belfast bust tour. The registered manager stated that these are being arranged. The most recent residents' representatives meetings was in November 2018 and another is scheduled for March 2019. Bradley manor has a 'Facebook' page that enables the home to keep relatives up to date with what's been happening. One relative commented, "I like seeing what my (relative) has done".

Residents, staff, visiting professionals and residents' visitors/representatives spoken with during the inspection made the following comments:

"I would go to the right person if I had any worries, the one that's in charge." (Resident)

"The manager is approachable and does listen to you." (Staff)

"Staff are very responsive when you ask anything of them." (Relative)

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and relatives.

## Areas for improvement

An area for improvement was identified under the care standards regarding evidencing that residents and or residents' representatives had been consulted in respect of the care planning process.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.6 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.**

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights and choice

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. Menus and the activity programme, for example, were displayed throughout the home. Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. We were impressed by the level of engagement in meaningful activities by staff throughout the home. The activities coordinator was very enthusiastic and was keen to provide a varied range of activities both internally and outside of the home. Links with the local community have been established and children and young people from local schools are actively involved in the life of the patients in the home.

Patients have attended tea dances organised by local community groups and the home also keeps relatives and visitors informed of events and occasions in the home via their social media website. The activities coordinator produces a newsletter which is available for patients and relatives, on a regular basis.

The activities programme was displayed in the lounge and staff were observed engaging with residents on an individual basis. Discussion with the activities coordinator confirmed that there were numerous and varied recreational and social opportunities for residents including creative arts and lifestyle pursuits. The records maintained by the activities coordinator evidenced the high uptake of activities by residents and their participation. The home has a lifestyle café. This room has been very tastefully decorated and furnished and residents and their families use it for having a cup of tea together when visiting. The room has also hosted birthday parties and special occasions.

Residents, staff and residents' visitors/representatives spoken with during the inspection made the following comments:

Residents

- “Quite content (two residents).”
- “I would go to the right person if I had any worries, that’s the one in charge.”
- “Quite content, they’re good here.”
- “I like it here well enough, the girls are nice.”
- “We’re well looked after, couldn’t say a bad word, I’d be telling lies if I did.”
- “I really don’t have any worries here.”

Relatives

- “Jill the activities coordinator is very good but there’s only so much she can do.”
- “Staff are very responsive when you ask anything of them.”
- “Staff got me through times that I couldn’t have dealt with on my own.”
- “Jill (activities coordinator) is fabulous.”

There were no completed questionnaires were returned to RQIA from residents, residents representatives or staff within the specified timescale.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 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 registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s

Guide and information on display in the home. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The home retains compliments received, for example thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager identified that they had understanding of their role and responsibilities under the legislation. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

We spoke to staff and residents representatives who commented:

“Julie (registered manager) is very approachable and helpful (Relative)  
 “We can talk to Julie (registered manager) and get things resolved.” (Relative)  
 “The manager is approachable and does listen to you.” (Staff)

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.3  <b>Stated:</b> First time  <b>To be completed by:</b> 1 May 2019	<p>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.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            A rolling programme has commenced in which colour contrasting toilet seats are replacing the more neutral colour of grey.            Personalised risk assessments have been carried out on all residents to determine how they use fittings and equipment within the home</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.1  <b>Stated:</b> First time  <b>To be completed by:</b> 1 June 2019	<p>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.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Family members and residents have been invited to meet with the manager or the residents keyworker to review care plans and have an input into the care planning process. This will be monitored during inspection and audit</p>

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



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