



Unannounced Care Inspection Report

28 February 2020



Bradley Manor

Type of Service: Residential Care Home
Address: 420 Crumlin Road, Belfast BT14 7GE
Tel no: 02890745164
Inspector: Gerry Colgan

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) 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: 21

4.0 Inspection summary

An unannounced inspection took place on 28 February 2020 from 09.00 hours to 15.00 hours.

The inspection assessed progress with any areas for improvement identified during and 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.

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 control, risk management, the home's environment. We identified good practice in record keeping, audits and reviews, and communication between patients, staff and other key stakeholders. There were further examples of good practice found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, taking account of the views of patients. There were robust governance arrangements in place for the management of complaints and incidents, quality improvement and maintaining good working relationships.

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 visitors and 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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Julie Watson, 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.

4.2 Action/enforcement taken following the most recent inspection dated 9 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 9 September 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 3 February to 8 March 2020
- staff training schedule and training records
- two staff recruitment and induction records
- supervision and appraisal schedule
- competency and capability assessments
- three residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records from September 2019
- minutes of staff meetings
- minutes of residents meetings
- NISCC information

- reports of visits by the registered provider from September 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 the last care inspection dated 9 September 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 (d) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of records confirmed that RQIA are notified of any event in the home which adversely affects the care, health, welfare or safety of any resident.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure a record is kept of staff working over a 24 hour period and the capacity in which they worked.	Met
	Action taken as confirmed during the inspection: A review of duty rotas and discussion with the manager confirmed that no member of staff worked over a 24 hour period since the previous inspection. If this ever did happen again the manager would record it appropriately.	

Area for improvement 2 Ref: Standard 6.2 Stated: First time	The registered person shall ensure the identified care plan is updated to reflect in greater detail the management of diabetes.	Met
	Action taken as confirmed during the inspection: The identified care plan was reviewed and found to contain a detailed management plan for diabetes.	

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.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the residents were met. A review of the staffing rota from 3 February to 8 March 2020 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care evidenced that residents' needs were met by the levels and skill mix of staff on duty and that staff attended to residents needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. We also sought staff opinion on staffing via the online survey. No responses were received within the required timeframe. Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Bradley Manor care home.

Review of two staff recruitment files confirmed that the appropriate checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the residents, working practices and the routine of the home.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the residents. Observation of the delivery of care evidenced that training had been embedded into practice. Review of three residents' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the staff and the manager confirmed that the policies and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

A review of accidents/incidents records completed since the previous care inspection confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the manager and review of records confirmed that on a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit. From a review of records, observation of practices and discussion with the manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Residents and staff spoken with were complimentary in respect of the home's environment.

Observation of care delivery, discussion with staff and review of records evidenced that infection prevention and control measures were consistently adhered to. The manager had an awareness of the importance to monitor the incidents of health care associated infections (HCAI) and/or when antibiotics were prescribed.

The manager advised there were restrictive practices in use in the home including, for example, a keypad entry system. The 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 manager 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.

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 control, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

Review of three residents' care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the resident.

We reviewed the management of diabetes, nutrition, residents' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician changed.

There was evidence that the care planning process included input from residents and/or their representatives, if appropriate. There was evidence of regular communication between staff and resident representatives within the care records.

Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each resident's condition and any changes noted.

Staff confirmed that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the person in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The manager advised that resident and relatives meetings were held on a regular basis and minutes were available at inspection.

Residents confirmed that they attended meetings and were aware of the dates of the meetings in advance.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 arrived in the home at 09.00 hours and were greeted by staff who were helpful and attentive. Some residents were enjoying breakfast whilst others were being assisted to wash and dress or attend to personal care as was their preference.

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with residents were observed to be compassionate, caring and timely. Residents were afforded choice, privacy, dignity and respect.

Discussion with residents, staff and review of the activity programme displayed evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The environment had been adapted to promote positive outcomes for the residents. Bedrooms were personalised with possessions that were meaningful to the resident and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of breakfast and the lunchtime meal. Residents were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting residents with their meal appropriately. Residents indicated that they enjoyed their meal. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids and how to care for residents during mealtimes.

Cards and letters of compliment and thanks were displayed in the home and systems were in place to obtain the views of residents and their representatives on the running of the home.

Consultation with 10 residents individually, and with others in smaller groups, confirmed that living in Bradley Manor care home was a good experience. Resident and relative comments included:

- "It is very good indeed but I would rather be at home." (resident)
- "It is lovely, it really is. Far better than the last place I was in." (resident)
- "All us ladies like it in here. Sure we are all friends." (resident)
- "You can't complain about this here. They shower me with records and books." (resident)
- "It is a pleasure coming in here." (relative)

- “I love it here. Mammy is having a ball.” (relative)

Staff were asked to complete an on line survey; we had no responses within the timescale specified. During the inspection staff commented positively on the care delivered and the working relationships. Some of the comments included:

- “It is a great home. Everyone gets on so well.”
- “We are well managed and our manager is very approachable.”
- “I absolutely love it. I have worked here since it opened. Everyone is supportive and we are well trained to do the job.”

Any comments from residents, resident representatives and staff in returned questionnaires received after the return date will be shared with the manager for their information and actioned if required.

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 residents and their representatives and taking account of the views of residents.

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. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of the duty rota evidenced that the manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and residents evidenced that the manager’s working patterns supported effective engagement with residents, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

Review of the home’s complaints records evidenced that systems were in place to ensure that complaints were managed appropriately. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken, if the complainant was satisfied with the outcome and how this was determined.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, infection prevention and control (IPC) practices, care records and call bell response times. In addition, robust measures were also in place to provide the manager with an overview of the management of infections and wounds occurring in the home.

We confirmed with the responsible individual that visits to check the quality of the services provided in the home were completed on a monthly basis. The reports of these visits were available in the home.

As previously discussed systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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 and incidents, and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a quality improvement plan (QIP) is not required or included as part of this inspection report.



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)

Assurance, Challenge and Improvement in Health and Social Care