

# Inspection Report

## 28 November 2023



## Bradley Manor

Type of service: Residential  
Address: 420 Crumlin Road, Belfast, BT14 7GE  
Telephone number: 028 9074 5164

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Healthcare Ireland (Belfast) Ltd	<b>Registered Manager:</b> Mrs Julie Watson
<b>Responsible Individual:</b> Ms Amanda Mitchell	<b>Date registered:</b> 10 December 2018
<b>Person in charge at the time of inspection:</b> Mrs Julie Watson	<b>Number of registered places:</b> 21  Residents to be accommodated on the ground floor.
<b>Categories of care:</b> Residential Care (RC) DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 21
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 21 residents.	

## 2.0 Inspection summary

An unannounced inspection took place on 28 November 2023 from 9.00 am to 4.30 pm by a care inspector.

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.

The home was clean and tidy with a homely atmosphere. Staff members were attentive to the needs of residents' and carried out their work in a compassionate manner.

Two new areas for improvement were identified as a result of this inspection. Please refer to the Quality Improvement Plan in Section 6.0.

RQIA were assured that the delivery of care and service provided was safe, effective, and compassionate and that the home was well led.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, and a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

A poster was provided detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow residents and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

The daily life within the home was observed and how staff went about their work.

A range of documents and records were examined to determine that effective systems were in place to manage the home.

### 4.0 What people told us about the service

Due to the nature of dementia not all patients were able to tell us how they found life in the home. Patients who were less able to communicate were seen to be content in their surroundings and in their interactions with staff. Patients who could express their views spoke positively about life in the home. Comments made by patients included "Well looked after" and "my room lovely and clean."

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, and managerial support.

As stated in section 3.0, questionnaires and a poster with a link to an online survey were left with the management, to allow residents, relatives, visitors and staff unable to meet with the inspector the opportunity to provide feedback on the home. No questionnaires were returned and no feedback was received from the staff online survey.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 12 January 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 33.3  <b>Stated:</b> First time	The registered person shall ensure that medicines in use are labelled to enable staff to positively identify each medicine.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

The staff duty rota accurately reflected the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty. Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments.

Discussion with staff and review of records, confirmed an induction programme was provided to support them in the tasks associated with their role and duties.

A system was in place to ensure staff completed their mandatory training and compliance was robustly monitored by the management. Discussion with staff confirmed they were satisfied with the range of training offered.

Review of records provided assurances that a system was in place to ensure all relevant staff were either registered or in the process of registering with the Northern Ireland Social Care Council (NISCC).

Staff should have the opportunity to attend supervision and appraisal sessions to review their role and enhance their professional development. There was evidence that a system was in place to ensure staff had the opportunity to undertake supervision and appraisal.

Observations confirmed that residents' needs were met by the staff on duty. Residents told us that they were satisfied with the delivery of care, attentiveness and support received from staff.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff demonstrated their knowledge of individual residents' needs, preferred daily routines, likes and dislikes, for example, where residents preferred to sit and what they liked to eat. Staff members were observed to be skilled in communicating with the residents and to treat them with patience and understanding.

It was observed that staff respected residents' privacy by their actions such as offering personal care to residents discreetly. Expressions of consent were evident with statements such as "Would you like" when dealing with care delivery".

Residents needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet resident's needs. Care plans included any advice or recommendations made by other healthcare professionals. Review of a sample of records, evidenced that generally care records were suitably maintained, however observation noted inconsistencies in one resident's care record pertaining to Speech and Language (SALT) recommendations. This was discussed with management for immediate review and action as appropriate; an area for improvement was identified.

The dining experience was an opportunity for residents to socialise and the atmosphere was pleasant and supportive. A menu was provided to inform residents of the meals and choice available. The food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. Some residents preferred to have their meal in their own room and this was readily accommodated, however, it was noted that some meals were not appropriately covered during transfer to the resident's room. A discussion took place with management who provided assurance that the issue identified will be addressed. Given this assurance, an area for improvement was not identified, however, this will be reviewed at a future inspection.

Observation of one patient identified inconsistencies in the level of supervision provided by staff with the level of supervision recorded in the resident's care record. This was discussed with management for immediate review and action as appropriate; an area for improvement was identified.

Staff made an effort to ensure residents were comfortable, had a pleasant dining experience and had a meal that they enjoyed. Residents commented positively about the quality and choice of meals provided.

Daily records were kept of how each resident spent their day and the care and support provided by staff.

### 5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Residents bedrooms were clean, tidy and personalised with items of importance to each resident, such as family photos and sentimental items from home. Residents had access to televisions and/or music in their own rooms and also in communal rooms.

Corridors and fire exits were observed to be free of clutter and obstruction, however corridors and communal areas lacked clear signage and points of interest to assist the orientation of patients in a dementia unit. This was discussed with management who advised that plans were in place to undertake a review of the environment and to enhance the patient experience in the dementia unit. Given this assurance, an area for improvement was not identified at this time, however this will be reviewed at a future inspection.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

#### **5.2.4 Quality of Life for Residents**

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

Discussion with residents confirmed that they were able to choose how they spent their day. Some residents preferred to spend their days in their bedrooms while some took opportunities to visit the lounge.

It was observed that staff ensured a social atmosphere in communal areas with music playing on the television. Staff took time to chat to the residents whilst going about their daily routine. Staff interactions with residents were observed to be pleasant, polite, friendly and warm.

There was a range of activities provided for residents and a hairdressing service was available, for those residents who wished to attend.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in management of the home since the last inspection. Mrs Julie Watson has been the manager in this home since 10 December 2018.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These were available for review by residents, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	3*

\*The total number of areas for improvement includes one that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 33.3  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate, from the inspection date onwards	<p>The registered person shall ensure that medicines in use are labelled to enable staff to positively identify each medicine.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b> This standard was highlighted in a previous pharmacy inspection. All new admissions medication is now boxed, labelled, and easily identified. This is being monitored through audit and provider visits.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12.10  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that residents are supervised at mealtimes in accordance with their assessed need.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> A full review of SALT assessments, care plans and risk assessments were completed by the Registered Manager to ensure that residents were receiving the correct level of</p>



	supervision to maintain safety. This is also discussed with the team during at safe care huddles and is monitored through. managers audits and provider visits
<b>Area for improvement 3</b> <b>Ref:</b> Standard 5 <b>Stated:</b> First time <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure that records pertaining to Speech and Language (SALT) assessments are kept up to date to accurately reflect the needs of the resident.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> The Registered Manager completed an audit of documentation that contains information about individuals assessed needs, these included care plans, risk assessments, handover documentation and the meal distribution list. Staff have been advised that through safe care huddles any changes and records are kept up to date. This is monitored by managers audits and provider visits.

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





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