Inspection Report

15 June 2021

Bradley Court

Type of service: Nursing Home
Address: 420 Crumlin Road, Belfast, BT14 7GP
Telephone number: 028 9622 5292

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

1.0 Service information

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited **Responsible Individual:** Ms Andrea Louise Campbell	**Registered Manager:** Miss Daniella Curran – Not Registered
Person in charge at the time of inspection: Miss Daniella Curran	**Number of registered places:** 11
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	**Number of patients accommodated in the nursing home on the day of this inspection:** 5
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 11 patients. Patients' individual bedrooms and living areas are located over two floors. Patients have access to communal lounges, dining areas and an enclosed garden. Bedrooms on the ground floor also have access to private enclosed outside patio areas.	

2.0 Inspection summary

An unannounced inspection took place on 15 June 2021 from 9.30 am to 5.15 pm. The inspection was carried out 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.

Patients told us that they felt well looked after. Patients who were less able to communicate their views were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients and staff are included in the main body of this report.

Based on the findings of the inspection RQIA were assured that the delivery of care and service provided in Bradley Court was safe, effective, compassionate and that the home was well led. Compliance with an area for improvement, which was identified regarding the serving of meals, will further enhance the experience for patients who live in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

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, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the Registered Manager and the Quality and Business Development Manager were provided with details of the findings.

4.0 What people told us about the service

During the inspection we spoke with four patients and eight staff. A patient told us that they felt well looked after, the food was good and the staff were friendly and helpful. Staff said that they were always busy and that teamwork was great.

We received two responses to the on-line staff questionnaire. The respondents indicated that they were not satisfied with staffing levels or that the home was well managed, however, they were satisfied/very satisfied that the care provided was compassionate. The respondents did not provide any additional information.

Comments received from patients and staff were shared with the manager for information and action if required.

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 27 October 2020		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 4 **Stated:** First time	The registered person shall ensure that care plans include evidence of regular evaluation and also evaluation in the event of any accidents/incidents.	**Met**
	Action taken as confirmed during the inspection: Review of care records evidenced that care plans were regularly evaluated and updated as necessary.	
Area for improvement 2 **Ref:** Standard 4 **Stated:** First time	The registered person shall ensure that care plans regarding physical intervention and restrictive practice are developed to reference DOLS where required.	**Met**
	Action taken as confirmed during the inspection: Review of care records evidenced that individualised care plans had been developed regarding physical intervention, use of restrictive practice and Deprivation of Liberty Safeguards.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff were recruited correctly to protect patients as far as possible. All staff were provided with an induction programme to prepare them for working with patients in the home, this also included agency staff. A staff member told us that feedback given to the management team regarding the induction programme had been listened to and, in their opinion, the programme had improved as a result.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met and that agency staff were used as required.

Staff said that they were generally satisfied with staffing levels; on occasions these could be affected by short notice absences although they confirmed that efforts were made to provide cover. Staff also said that their role could be "very challenging and some days were tougher than others" but working with the patients was "enjoyable and very rewarding".

During the inspection it was noted that there were enough staff in the home to respond to the needs of the patients in a timely way; staff were observed to be very attentive to the patients.

There were systems in place to ensure staff were trained and supported to do their job, for example, staff received regular training in a range of topics and regular staff meetings were held. Staff also attended 'debrief' meetings following challenging incidents in the home. Staff said these meetings were very useful and provided both support and learning opportunities.

Those staff with more experience said that they recognised the importance of supporting new or less experienced staff to help them to develop in their role.

There were suitable systems in place to ensure staff were recruited properly, provided with appropriate training and also to ensure that patients' needs were met by the number and skill mix of the staff on duty.

5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

The Quality and Business Development Manager was identified as the appointed adult safeguarding champion for the home with responsibility for implementing the regional protocol and the home's safeguarding policy.

Review of staff training records confirmed that all staff completed mandatory adult safeguarding training. Staff told us they were confident about identifying and reporting concerns regarding patients' safety and poor practice.

Review of patient records and discussion with staff confirmed that the correct procedures were followed if restrictive practices or equipment, for example, alarm mats, were required. Staff confirmed they had received training in this area and were aware of how to ensure that best interest decisions were made safely for all patients but particularly those who were unable to make their own decisions. Staff consulted with also demonstrated their understanding of Deprivation of Liberty Safeguards (DoLS) for the patients in the home and confirmed that they had received training in this area.

Staff were observed to be prompt in recognising patients' needs, early signs of distress and also non-verbal cues especially in those patients who had difficulty in making their wishes known. Staff demonstrated their knowledge of how best to communicate with individual patients; they were respectful, understanding and sensitive to their needs. It was observed that staff took prompt action when a patient had misplaced a particular item; staff recognised that this patient might become upset if they couldn't find what they were looking for and really went out of their way to reassure, comfort and assist the patient to look for the missing item.

There were systems in place to ensure that patients were safely looked after in the home and to ensure that staff were adequately trained for their role in keeping patients safe.

5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?

Examination of the home's environment included reviewing a sample of patients' individual bedrooms and living areas, storage areas and communal areas such as lounges, bathrooms and the enclosed garden. There was evidence that the environment was well maintained and the manager confirmed that all the required safety checks and measures were in place and regularly monitored. Corridors and fire exits were seen to be clear and uncluttered. Storage areas were appropriately secured. The manager confirmed that there was a system in place to ensure that any environmental repairs required in the home were promptly reported and actioned.

Patients' individual bedrooms and living areas were personalised with items important to them, for example, their own art work, toys, games, family photos and books. Bedrooms, living areas and communal areas were well decorated, suitably furnished, clean, tidy and comfortable. Patients were free to spend time in either their own private space or in the communal areas as they preferred and staff were seen to assist them in these choices.

There were suitable systems in place to ensure that patients were comfortable and safe in the home.

5.2.4 How does this service manage the risk of infection?

The manager told us that systems and processes were in place to manage the risk of infection in the home. The home participated in the regional COVID-19 testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and completed a health declaration on arrival. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

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 PPE had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

A cleaning schedule was in place and a record of cleaning completed was contemporaneously maintained by the domestic staff.

There were suitable systems in place to manage the risk of infection in the home.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.

Staff had a handover at the beginning of each shift to discuss any changes in the needs of the patients. Patients' care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable about individual patients' care needs and likes or dislikes.

Staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms. Some patients had been assessed as requiring one to one care; the staff providing this level of care recognised when they needed to be a discreet presence or to be more engaged with the patient; it was obvious they knew the patients well.

Care records contained recommendations regarding patients' skin care, if they required assistance to change their position or if pressure relieving equipment was recommended. Care records also contained information regarding the patients' risk of falling and recommendations to reduce this risk.

Staff were aware of patients' communication needs and how these were best managed, for example, Makaton Sign Language was recommended for identified patients.

Care records contained recommendations on how to manage behaviours that challenge; these records were individualised, specific and informative. Staff demonstrated their knowledge of individual patient's triggers, how best to avoid these if possible and how to manage behaviours in a prompt and appropriate manner.

There was a system in place to ensure accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Patients told us that they enjoyed the food on offer in the home. The manager said that meals were prepared in the kitchen of the adjoining nursing home and that patients had been consulted with about the menu choices which were kept under regular review. Patients were able to choose where to eat their meals and were also able to assist staff to make snacks and drinks in the communal kitchen. It was apparent that meal times were flexible; patients were seen to enjoy breakfast at their preferred time and were offered regular drinks and snacks.

At lunchtime patients had a choice of meals and the food looked and smelled appetising. However, it was observed that staff brought meals to patients without having given any thought as to how to keep the food warm or presenting the meal in an appealing manner. A tray was not used, the plates were not covered and cutlery, a drink and a cup were not provided at the time of serving the meal. As a result the patients had to wait while cutlery, drinks and cups were obtained. Patients said that they enjoyed their meal but the dining experience should have been better planned and organised in order to make it a much more positive experience for the patients. An area for improvement was identified.

Staff told us that they were made aware of patients' nutritional needs and confirmed that patients' care records contained recommendations made by the Dietician and/or Speech and Language Therapist (SALT). Care records included details of patients' food likes and dislikes. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily.

There were suitable systems in place to ensure that patients' received the right care at the right time. The patients' meal time experience will be further enhanced through compliance with the area for improvement identified.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

Patients' care records were held confidentially. Care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. Patients' individual likes and preferences were reflected throughout the records, for example, preferred time to go to bed, preferred time for a bath or shower, social interests and hobbies.

Daily records were kept of how each patient spent their day and the care and support provided by staff; these records were meaningful and informative. The outcome of visits from, or communication with, any healthcare professional was recorded.

There was a suitable system in place to ensure that care records reflect the changing care needs of patients.

5.2.7 How does the service support patients to have meaning and purpose to their day?

Observation of the daily routine and discussion with patients confirmed that they were able to choose how they spent their day. Staff offered patients choices regarding, for example, what time to get up at, where to eat their meals and when to go outside to the garden. Patients had their own individual activity schedules which were tailored to their own interests, abilities and needs.

Review of the activity schedules for patients evidenced that they were assisted and supported to enjoy activities both inside the home and in the community as appropriate. Staff would accompany patients out to local shops, go for drives or days out and enable home visits and appointments. Activities provided in the home for patients included cooking, arts and crafts, aromatherapy, listening to music, hand and foot massage, watching TV and movies and colouring in. The activities were mainly provided on a one to one basis as this was more suitable for the patients.

Review of patients' care records evidenced that they had been consulted about regarding their interests and hobbies. Patients had their own individual positive behaviour support plans; these were person centred and assisted staff to help plan activities for patients at suitable times throughout the day in order to promote positive outcomes.

It was observed that staff were very responsive to the needs of the patients and that they respected patients' choices and preferences throughout the day. Staff were seen to engage with patients in warm and positive ways and to provide them with an explanation of what was happening to help them feel included. One patient was watching while a member of staff made

decorations for the upcoming Learning Disability Week celebration; the patient was not able to join in but the staff member was chatting away, telling them what they were doing, asking the patient's opinion and advice and generally helping them to feel like they were very much a part of the activity.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff said that they assisted patients to make phone or video calls. Visiting and care partner arrangements were in place following the current guidelines; staff said that these arrangements had positive benefits to the physical and mental wellbeing of the patients.

There were suitable systems in place to support residents to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

There has been a change in management of the home since the last inspection. Miss Daniella Curran was appointed manager as of 1 February 2021 and has submitted an application to RQIA to pursue her registration. The manager said that she felt well supported by the senior management team. Staff were aware of who the person in charge of the home was and of their own role in the home. Staff commented positively about the management team and described them as supportive and approachable.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. The audits reviewed contained action plans where these were required.

There was a system in place to manage complaints. The manager ensured that complaints were managed correctly and that the outcome of complaints was seen as an opportunity for the staff team to learn and improve. A record of compliments received about the home was kept and shared with the staff team.

The home was visited each month by a representative of the registered provider to consult with patients, 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 reports are available for review by patients, their representatives, the Trust and RQIA.

There were suitable systems in place to monitor the quality of care and services provided by the home and to drive improvement.

6.0 Conclusion

Patients in the home were seen to be well cared for and comfortable in their surroundings. Staff were helpful, friendly, attentive and responsive to the patients' needs. The home was clean, tidy and well decorated.

The findings of the inspection provided RQIA with assurance that this service is providing safe and effective care in a caring and compassionate manner and that the service is well led by the manager and the management team. Compliance with an area for improvement which was identified regarding the serving of meals will further enhance the experience for patients who live in the home.

Thank you to the patients and staff for their assistance and input during the inspection and to those who returned completed questionnaires following the inspection.

7.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified were action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	0	1

One area for improvement and details of the Quality Improvement Plan were discussed with Daniella Curran, Manager, and Ciara Todd, Quality and Business Development Manager, 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 Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 12 **Stated:** First time **To be completed by:** With immediate effect	The responsible person shall ensure that the mealtime is a positive experience for patients. Meals should be kept warm, served in an appealing and appropriate manner and patients should be provided with cutlery, drinks and cups at the time of the serving of their meal. Ref: 5.2.5
	Response by registered person detailing the actions taken: The dining experience has been reviewed in Bradley Court. To make the experience a more positive experience the following has been put in place- - A serving area has been clearly identified for the unit; this is outside the staff room on the first floor. Food is brought into the unit in a hot trolley, and food is to be kept in this until ready to serve. Serving trays, cutlery, cups and jugs for drinks are available for residents before the food is served in order to minimise the waiting time for service users.

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The Regulation and Quality Improvement Authority

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