

# Inspection Report

24 August 2023



## Bradley Court

Type of service: Nursing  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Healthcare Ireland (Belfast) Limited	<b>Registered Manager:</b> Mrs Diana Mos
<b>Responsible Individual:</b> Ms Andrea Louise Campbell	<b>Date registered:</b> 19 January 2023
<b>Person in charge at the time of inspection:</b> Mrs Diana Mos	<b>Number of registered places:</b> 11
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 11
<b>Brief description of the accommodation/how the service operates:</b> Bradley Court is a registered nursing home which provides nursing care for up to 11 patients. 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 have access to private enclosed outside patio areas.  This home is located on the same site as another nursing home and a residential care home.	

## 2.0 Inspection summary

An unannounced inspection took place on 24 August 2023 from 9.40 am to 4.45 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 said they felt well looked after. Patients unable to voice their opinions were observed to be comfortable in their surroundings and in their interactions with staff.

Staff said they felt well supported and enjoyed working in the home. Staff were seen to be attentive to the needs of the patients.

Areas requiring improvement which were identified are discussed in the main body of the report.

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. Addressing the areas for improvement will further enhance the quality of care and services in the home.

### **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 RQIA will seek to speak with patients, 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.

Questionnaires 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.

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

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

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients who were able to share their opinions on life in the home said the food was good, they got to choose how to spend their day and they felt well looked after. Patients who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Staff said that they were satisfied with staffing levels, teamwork was good, the manager was approachable and they enjoyed working in the home. Comments made by staff included that "it's awesome here", "I know who to go to about any issues and things get listened to", "teamwork is really good", "staffing consistency is excellent and is so good for the patients" and "we have established a good team with a good rapport".

A relative said they visited regularly and were made to feel welcome by staff with whom they were observed to have a friendly relationship.

A record of compliments received about the home from relatives and visiting professionals was kept and shared with the staff team, this is good practice.

Comments made by patients, staff and relatives were shared with the management team 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 16 & 19 May 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> Second time	The registered person shall ensure that the maximum and minimum refrigerator temperatures are monitored and recorded, they are maintained between 2°C and 8°C and the thermometer is reset each day.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant records confirmed that the minimum and maximum refrigerator temperatures were monitored and recorded, the temperatures were maintained between 2°C and 8°C and the thermometers were reset each day. This area for improvement was met.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 27 (2) (c) (d) (m) <b>Stated:</b> First time	The registered person shall ensure that all areas of the home, furniture, fittings and equipment are kept clean and tidy or are replaced as necessary and that there is a suitable bin in the kitchen and adequate and appropriate storage within ensuite shower rooms.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the home’s environment evidenced that this area for improvement was partially met. This area for improvement has been stated for a second time.  See section 5.2.3 for further detail.	

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time	The registered person shall ensure that nutritional screening is completed on a monthly basis, or more frequently if required, and that records relating to patients' MUST assessment and weight are kept up to date.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records provided evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 35.4  <b>Stated:</b> First time	The registered person shall ensure that governance audits include action plans with time frames for completion, the person responsible for completion and include a record to evidence that the action has been completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of governance audits provided evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients. The induction record, for a member of staff, was not available in the home. Review of training records confirmed that the induction had been undertaken. However, the manager and the staff member were unable to locate the record of induction post inspection. An area for improvement was identified. Following the inspection, the manager provided confirmation and evidence that a new induction record had been completed with the staff member and that the system in place to ensure these records were kept in the home had been reviewed.

There were systems in place to ensure staff were trained and supported to do their job.

There was a system in place to monitor that staff were appropriately registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The manager said that agency nurses were block booked when required and that recruitment was ongoing to fill a small number of posts.

Staff spoke positively about how consistent staffing was and the benefits this had for patients. Staff said that there was enough staff on duty to meet the needs of the patients, teamwork was good and they felt well trained for their roles and responsibilities.

### 5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patients' needs, preferred daily routines, likes and dislikes.

Staff were seen to treat the patients with kindness and understanding. It was observed that staff respected patients' privacy and dignity; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

Patients who were less able to mobilise were assisted by staff to mobilise or change their position regularly. Care plans reflected the patients' needs regarding, for example, pressure relieving mattresses and the recommended frequency of repositioning.

Where a patient was at risk of falling measures to reduce this risk were put in place, for example, equipment such as bed rails were in use where required. Those patients who were at risk from falls had relevant care plans in place.

Some patients have been assessed as requiring continuous supervision from one or more staff. It was observed that staff provided patients with the level of care and support required. Staff were knowledgeable about the patients' care needs. Behaviour support care plans included details of identified triggers, what the behaviours might look like and the plan in place to manage and de-escalate behaviours. The care plans were individualised, comprehensive and person centred.

Patients' 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 patients' needs and included any advice or recommendations made by other healthcare professionals. There was evidence of consultation with patients and their relatives, if this was appropriate, in planning care. Patients care records were held confidentially.

Care records were well maintained and regularly signed off by staff as having been reviewed and updated to ensure they continued to meet the patients' needs. Contemporaneous and informative daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Staff were seen to assist patients with the range of support they required during the meal time from simple encouragement through to full assistance.

Patients were offered a choice of meals. Staff supported patients to eat their meals in their preferred location in the home. The food was attractively presented, smelled appetising and was served in appropriate portion sizes. The dining experience was seen to be calm and unhurried.

A 'safety pause' was implemented to ensure that patients requiring a modified or specialist diet received the correct diet and a senior carer oversaw the serving of meals with input from a registered nurse.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet. Review of care records evidenced that these were reflective of the recommendations of the Speech and Language Therapist (SALT) and/or the dietician. Records were kept of what patients had to eat and drink daily.

A record of patients' weights was maintained and updated on a monthly basis to monitor weight loss or gain. Records relating to nutritional screening (MUST) were consistently recorded.

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

Patients' bedrooms were attractively personalised with items that were important to them, such as, family photos, ornaments, pictures, toys and games. Fire exits and corridors were observed to be clear of clutter and obstruction.

At the last inspection various environmental infection prevention and control (IPC) issues had been identified. It was positive to see that a suitable pedal bin had been provided in the kitchen and suitable storage was available in some of the en-suite bathrooms. However, action was required regarding the effective cleaning of the exterior of identified waste bins; a missing cupboard door and the replacement of shelves and cleaning of the fridge in the kitchen; cleaning of a fridge in a patient's apartment; suitable storage in identified en-suite bathrooms; effective stain removal or replacement of fabric furniture. This area for improvement was partially met and has been stated for the second time.

Cleaning records in patients' bedrooms contained gaps and specific details, such as the month to which they referred, were not consistently recorded. An area for improvement was identified.

In many areas of the home it was observed that redecoration was required; walls were badly marked and scuffed and these areas of the home did not look to be in generally good decorative order. This was discussed with the manager and it was established that the home did not have a time bound redecoration plan in place to ensure that the premises were maintained in an attractive and reasonable state of decorative order. An area for improvement was identified.

Review of records, observation of practice and discussion with staff confirmed that training on IPC measures and the use of personal protective equipment (PPE) had been provided.

Nitrile gloves, which are recommended for personal care tasks, were readily available in PPE stations throughout the home. However, a few boxes of vinyl gloves were also observed. This was discussed with the manager as vinyl gloves are not suitable for personal care use. The manager provided assurances that the boxes of vinyl gloves would be removed immediately. Staff were observed to carry out hand hygiene at appropriate times and to use recommended PPE in accordance with the regional guidance.

#### 5.2.4 Quality of Life for Patients

Observations of the daily routine confirmed that patients were able to choose how they spent their day. It was observed that staff offered patients choices throughout the day which included where and how they wished to spend their time, what they would like to eat and drink and if they wanted to take part in planned activities or outings.

Patients looked well-presented and staff were seen to be attentive to their needs. Some patients attend day centres and staff assisted those patients to get ready in time for their transport arriving.

Patients have their own individual daily activity schedule. Activities are mainly provided on an individual basis as this suits the patients' needs most appropriately. Activities include, for example, arts and crafts, baking, TV time and going out for walks. Staff also take patients out for drives, day trips, swimming and shopping trips.

The home has a dedicated activity room which was well stocked with activity supplies but it was extremely cluttered. In order to be actively available for patients the activity room should be tidied and decluttered and maintained in a useable condition. An area for improvement was identified.

Many of the patients have communication challenges but staff were seen to effectively communicate with patients and to treat them with kindness and patience. The daily routine was seen to be flexible and extremely responsive to patients' changing needs and choices.

#### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Diana Mos has been the Registered Manager in this home since 19 January 2023. Staff 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 patients, 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 patients. It was positive to note that governance audits included action plans with time frames for completion and evidence that the actions had been completed.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The home's Quality and Business Development Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

There was a system in place to manage complaints. The manager told us that the outcome of complaints was shared with staff and seen as an opportunity for the team to learn and improve.



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 patients' next of kin, their care manager and to RQIA. Review of relevant records and discussion with the manager identified that an isolated incident which should have been notified to RQIA had been inadvertently overlooked; a retrospective notification was requested and this was submitted following the inspection.

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 included an action plan for identified improvements.

Staff commented very positively about the manager and said she was approachable, comments made by staff included that "Diana is very approachable, she listens and sorts things out" and "I can go to Diana about anything".

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	3

\*The total number of areas for improvement includes one that has been stated for a second time.

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27 (2) (c) (d) (m)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all areas of the home, furniture, fittings and equipment are kept clean and tidy or are replaced as necessary and that there is adequate and appropriate storage within en-suite shower rooms.</p> <p>Ref: 5.1 &amp; 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Storage has been organised for en suite shower rooms. Registered Manager and Regional Manager have liaised with Estates department regarding replacing necessary items. Registered Manager carries out regular walk arounds within the service and infection control audits to ensure furniture, fittings and equipments are kept clean and tidy.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (2) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the home is maintained in an attractive and reasonable state of decoration. A redecoration/refurbishment plan should be developed and kept under review. The plan should identify a timeframe for completion and the person who is responsible for the action.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Registered Manager and Regional Manager have liaised with estates department and developed a redecoration/refurbishment plan. This will be reviewed on a monthly basis and includes realistic timeframes and person responsible for each action.</p>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that records of staff inductions are kept in the home and are available for review.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A full audit of induction paperwork within the home has been actioned. Registered Manager ensures induction paperwork is completed and filed appropriately as new employees enter the service.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that environmental cleaning records in patients' rooms are consistently and contemporaneously updated. All relevant details including an accurate date/month should be recorded.</p> <p>Ref: 5.2.3</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 11.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A second domestic assistant has started working within the service. All cleaning records have been reviewed and streamlined to ensure they are documented in a consistent manner.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The items which were being kept in the activity room have been placed in the relevant residents room. The activity room is monitored by Registered Manager during frequent walkarounds within the service.</p>

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



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