



Unannounced Post Registration Care Inspection Report 27 October 2020



Bradley Court

Type of Service: Nursing Home
Address: 420 Crumlin Road, Belfast, BT14 7GP
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Inspector: Julie Palmer

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide care for up to 11 persons.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited Applicant Responsible Individual: Andrea Louise Campbell	Registered Manager and date registered: Helen Thompson Acting – No application required
Person in charge at the time of inspection: Helen Thompson	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: 2

4.0 Inspection summary

An unannounced post registration inspection took place on 27 October from 09.25 to 16.15 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The focus of this inspection was to assess the day to day operation of the home since it was first registered on 27 August 2020.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the environment
- care delivery
- care records
- governance and management arrangements.

Patients in the home looked well cared for and staff were seen to treat them with kindness.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Helen Thompson, manager, and Louise Campbell, responsible individual, 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:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with one patient and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' relatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No returned questionnaires or responses to the staff survey were received within the indicated timeframe.

The following records were examined during the inspection:

- duty rotas from 19 October to 1 November 2020
- staff training records
- staff supervision matrix
- two staff recruitment files
- registered nurse competency and capability assessments
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- a selection of quality assurance audits
- monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- two patients' care records
- RQIA registration certificate.

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

The most recent inspection of the home was an announced pre-registration care and estates inspection undertaken on 18 August 2020. No areas for improvement were identified as a result of this inspection.

6.2 Inspection findings

6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met; staffing levels will be kept under appraisal as occupancy increases. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. We observed that staff attended to patients' needs in a caring and timely manner.

There was a system in place to monitor that staff were appropriately registered with the NMC or NISCC as required. Review of two staff recruitment records evidenced that the necessary checks were completed prior to staff commencing work in the home.

The majority of staff spoken with told us that staffing levels and teamwork were good and they felt well supported in their role. Comments included:

- "The managers are very into staff wellbeing and making sure staff are well looked after."
- "The team is gelling well, getting to know each other's strengths and weaknesses."
- "Debriefs following incidents help to reduce any anxieties."
- "I feel very well supported right from senior management level down."
- "Helen (the manager) is very approachable."
- "Some teething problems in a new building and a new team."
- "I'm enjoying the challenge."

One member of staff commented that they were not satisfied with the induction received, teamwork or staffing levels and had brought this to the manager's attention. The manager confirmed these issues had been discussed and efforts were being made to support this staff member and resolve their concerns.

Nurses who took charge in the home in the absence of the manager had completed competency and capability assessments. Review of training records evidenced that staff had completed mandatory training as part of their induction. Staff also told us they had received training in the use of PPE and Coronavirus awareness.

6.2.2 Personal Protective Equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. PPE was readily available; a PPE station had been set up in the entrance enabling anyone entering to carry out hand hygiene and put on the recommended PPE. All visitors had a temperature check on arrival at the home although visiting was suspended at the time of the inspection.

The manager told us that the home had plenty of PPE available and stocks were regularly replenished. PPE stations were found to be well stocked throughout the home. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to put on and take off their PPE correctly. The manager told us that staffs' use of PPE was monitored through observations and audits. Staff confirmed that they had sufficient supplies of PPE at all times.

6.2.3 The environment

We reviewed the home's environment; this included observations of a sample of bedrooms, ensembles, bathrooms, lounges, the dining room, treatment rooms, sluice and storage areas. The home was found to be warm, clean, tidy and fresh smelling throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients' bedrooms were attractively decorated and personalised.

Minor environmental issues were resolved on the day of the inspection. We observed that repairs were underway to identified door frames and asked the manager to confirm when these had been completed.

Cleaning schedules were not displayed in the home; we discussed this with the manager who told us that alternative means of displaying these were being explored as the initial system had been untenable. The domestic assistants did maintain a record of cleaning schedules and completion; however, we noted that there were some gaps in recording. This was also discussed with the manager who explained that, as a result of a COVID-19 outbreak, they had had to make a sudden and unexpected change to the domestic arrangements in the home which were shared with the neighbouring facility. Recruitment was underway and two new members of domestic staff were due to start work. The manager assured us that at no stage had the home been left without sufficient domestic support and staff would be reminded to complete cleaning schedules contemporaneously.

We observed that the domestic assistant on duty cleaned frequently touched points and used PPE according to the regional guidance during the inspection.

6.2.4 Care delivery

Patients looked well cared for and staff were observed to speak to them kindly and with respect. Staff displayed their knowledge of the patients in their care and awareness of how to manage potential behaviours that challenge.

Staff were seen to take time to support the patients with their particular interests and activities during the day. Staff were aware of individual patients' communication needs and how to overcome difficulties in this area.

The manager told us that visiting was being managed as per the current guidance, although, as previously mentioned it had been temporarily suspended. However, the situation was being kept under review and visiting would resume as soon as possible following appropriate risk assessment. The manager recognised the importance of family contact for patients and said that relatives had been very understanding of the current restrictions.

Social distancing measures were being followed; there was no difficulty in this area due to the small number of patients currently accommodated in the home.

The manager had also had to make an unexpected change to the catering arrangements in the home, which were shared with the neighbouring facility, due to a COVID-19 outbreak. Breakfast, lunch, snacks and drinks were prepared by staff, and patients if they wanted to be involved, in the kitchen which was well stocked for this purpose. The evening meal was being ordered in; patients had a full menu to choose from and were enjoying the options available. The manager told us that going forward catering arrangements will be kept under review to ensure these best meet the needs of patients.

One patient spoken with gave us a 'thumbs up' when we asked if they liked living in Bradley Court; they also told us that they enjoyed helping with "dusting and doing the dishes". Staff were seen to have a good rapport with the patients, to anticipate their needs and provide the care required at the appropriate time.

6.2.5 Care records

We reviewed two patients' care records which evidenced that individualised care plans had been developed to reflect the assessed needs and direct the care required and a daily record was maintained to evidence the delivery of care.

Care plans reviewed did not record evidence of regular evaluation nor evaluation in the event of any accidents/incidents that had occurred. An area for improvement was made.

We observed that a recent photograph was required in a medicine record for one patient and in the care records for another patient, staff immediately took action to resolve this and before we left we evidenced that photographs had been included as required.

Care plans had been developed regarding, for example, mental health, physical health, communication, mobility, personal care, nutrition and hydration, sleeping and spirituality. These care plans contained details of the specific requirements of the individual patients. We observed that fluid intake charts were maintained, however, there were gaps in recording and the relevant care plans did not stipulate that fluid intake should be recorded. We discussed the importance of meaningful recording with the manager who told us that care plans and record keeping in this area would be reviewed in order that the recommended care was effectively carried out.

We also reviewed care plans regarding physical interventions and restrictive practices. Staff displayed their knowledge of the management of physical interventions and deprivation of liberty safeguards (DOLS) but the care plans did not specifically reference DOLS. An area for improvement was made.

An inventory record was completed on patients' admission to the home. However, we observed that the records did not include all belongings and had not been signed by two members of staff. We discussed this with staff who took immediate action to update the inventory records appropriately; this area will be reviewed at a future inspection.

6.2.6 Governance and management arrangements

Management arrangements had changed since the previous inspection; RQIA had been appropriately notified. Staff told us that they found the manager to be very approachable.

A supervision and appraisal schedule was in place in the home. A record of staff meetings was maintained.

Review of records evidenced that there were systems in place to manage complaints and to ensure that RQIA were appropriately notified of accidents/incidents that occurred in the home.

A sample of governance audits reviewed evidenced that management maintained a good level of oversight in the home. The audits reviewed, with the exception of the care plan audit, contained clear action plans where deficits had been identified; this was discussed with the manager who agreed that an action plan would be included in future care plan audits. A monthly accident/incident analysis was completed to determine if there were any trends or patterns emerging.

We reviewed the monthly monitoring report completed for September 2020. This included observations of patients in their interactions with staff, the views of relatives and staff and a clear action plan.

The manager told us that she felt well supported in her role which was "challenging but rewarding".

Areas of good practice

Areas of good practice were identified in relation to staffing, use and availability of PPE, the cleanliness of the home, care delivery, communication and staff interactions with patients.

Areas for improvement

Areas for improvement were identified in relation to evaluation of care plans on a regular basis and in the event of an accident/incident and developing physical intervention and restrictive practice care plans regarding DOLS.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

Patients in the home looked well cared for. Staff were seen to treat patients with respect and kindness. The home was clean, tidy, warm and fresh smelling throughout.

Following the inspection the manager confirmed that the identified door frames had been repaired.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Helen Thompson, manager, and Louise Campbell, responsible individual, 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 10 November 2020	<p>The registered person shall ensure that care plans include evidence of regular evaluation and also evaluation in the event of any accidents/incidents.</p> <p>Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken: Care plans are evaluated monthly and also evidence of evaluation after significant incidents/accidents particularly where the incident isn't characteristic or is significant. Registered Manager audits will evidence governance of care plans and review of same from significant events.</p>
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 10 November 2020	<p>The registered person shall ensure that care plans regarding physical intervention and restrictive practice are developed to reference DOLS where required.</p> <p>Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken: Care plans clearly demonstrate restrictive practice, physical intervention and reference DOLS where required in a separate section so this can be easily identified and reviewed when required. The Registered Manager reviews during monthly care record audits to ensure this is evidenced for each resident.</p>

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



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