

Inspection Report

18 April 2024



Bradley Court

Type of service: Nursing Home
Address: 420 Crumlin Road, Belfast, BT14 7GP
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Healthcare Ireland (Belfast) Limited	Registered Manager: Mrs Diana Mos
Responsible Individual: Ms Andrea Louise Campbell	Date registered: 19 January 2023
Person in charge at the time of inspection: Mrs Diana Mos	Number of registered places: 12
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: 11
Brief description of the accommodation/how the service operates: Bradley Court is a registered nursing home which provides nursing care for up to 12 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 and residential care home with separate managerial arrangements.	

2.0 Inspection summary

An unannounced inspection took place on 18 April 2024, from 9.25 am to 5.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 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.

The findings of the inspection were discussed with Diana Mos, Registered Manager 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 they were 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 thoroughly enjoyed working in the home.

A relative said they visited regularly and that "the staff are amazing; I can't fault the home; this is the best thing that ever happened to xxx moving in here". Another relative commented on how she felt that the staff were well trained to enable them to work with the patients.

A record of compliments received about the home was kept and shared with the staff team.

There was no response received from the questionnaires or the online staff 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 24 August 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (2) (c) (d) (m) Stated: Second 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 adequate and appropriate storage within en-suite shower rooms.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 27 (2) (d) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 39 Stated: First time	The registered person shall ensure that records of staff inductions are kept in the home and are available for review.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for Improvement 2 Ref: Standard 46 Stated: First time	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	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 11.7 Stated: First time	The registered person shall ensure that the activity room is kept tidy and decluttered in order that patients can make best use of this resource.	Met
	Action taken as confirmed during the inspection: There was 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. However, review of two staff recruitment files did not evidence the date the Access NI check was received, this information is held by the human resources department but had not been shared with the Manager or documented on the staff records held in the home. An area for improvement was identified.

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 NISCC spreadsheet was confusing as to the current status of some staff's registration; this was discussed with the Manager and the administrator who provided clarification that the date and the month of the staff registration date was the wrong way round, they both confirmed that all staff were up to date with their registration requirements. The administrator agreed to alter the spreadsheet so that the day and month are documented in the correct sequence. This will be followed up on the next care inspection.

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.

Staff who take charge in the home in the absence of the Manager had completed relevant competency and capability assessments however, a number of these assessments were out of date. An area for improvement was identified.

Staff spoke positively about staffing levels. 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.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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. Contemporaneous and informative daily records were kept of how each patient spent their day and the care and support provided by staff.

The home uses an electronic system to record most aspects of care delivery which includes care planning and the assessment of risk. There was limited evidence of consultation with patients and or their relatives / next of kin in the planning of their care. The 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. However; the monthly review of the care records was observed repetitive with little meaning and at least two records did not evidence a photograph of the patient. These deficits were discussed with the Manager and areas for improvement were identified.

Patients who were less able to mobilise were assisted by staff to change their position. A review of repositioning records evidenced that an identified patient was not always repositioned as prescribed in their care plan. An area for improvement was identified.

A small number of patients require an airflow mattress; it was observed that these mattresses were not set correctly to the patients' current weight. This was discussed with the Manager who agreed to rectify and implement a system to ensure the mattresses are checked daily; this will be followed up at the next care inspection.

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 of 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.

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

The home was warm, clean and comfortable. 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.

It was of concern that a number of fire doors were observed inappropriately held open in a service corridor which is shared by all three homes on this site. This was immediately discussed with the Manager who escalated the fire safety concerns to the Managers of the other two services and Healthcare Ireland's senior management team. Following the inspection RQIA sought assurance regarding fire safety in all three homes by writing to the Responsible Individuals of the homes. Written confirmation was received regarding the ongoing oversight and management of fire safety and monitoring of the service corridor.

A review of the most recent fire risk assessment did not provide any evidence that the actions identified by the fire risk assessor had been completed. In addition there was only evidence that seven staff had received a fire drill in 2023, the Manager advised another fire drill had occurred in 2023 but the records could not be located. Two areas for improvement were identified.

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. Staff also take patients out for drives, day trips, swimming and shopping trips. Staff and relatives expressed concern about the current bus which is used to transport patients to activities and day centres; these concerns were discussed with the Manager who advised that the home has purchased a new bus and are waiting for its delivery.

The home has a dedicated activity room which was well stocked with activity supplies.

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.

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 adults at risk of harm.

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.

Systems were in place to ensure that complaints were managed appropriately. Relatives said that they knew who to approach if they had a complaint.

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 are available for review by patients, their representatives, the Trust and RQIA.

Staff commented positively about the Manager and said she was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept well informed.

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/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	2	6

Areas for improvement and details of the Quality Improvement Plan were discussed with Diana Mos, Registered 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: From the date of the inspection 18 April 2024	The registered person shall ensure the following in regard to fire safety arrangements: <ul style="list-style-type: none"> The fire risk assessment is effectively maintained by the Manager and evidences any actions taken in regard to the recommended actions required. Ref: 5.2.3
	Response by registered person detailing the actions taken: The fire risk assessment will be reviewed on a monthly basis by the registered manager. Progress on actions and outstanding actions will be clearly documented on the service development plan.

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (f)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection 18 April 2024</p>	<p>The registered person shall ensure that there is evidence that all staff have attended training in regard to fire drills.</p> <p>Ref: 5.2.3</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection 18 April 2024</p>	<p>The registered person shall ensure staff recruitment records held in the home evidence the date Access NI checks were received.</p> <p>Ref: 5.2.1</p>
<p>Response by registered person detailing the actions taken: Registered manager to ensure date of receipt of all access ni checks are evidenced in individual personnel files. Compliance in this area is reviewed upon the point of a new staff member entering the service.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 41.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that competency and capability assessments for nurses in charge of the home in the absence of the Manager are kept up to date.</p> <p>Ref: 5.2.1</p>
<p>Response by registered person detailing the actions taken: Compliance of competency and capability assessments are audited on monthly basis as part of managerial governance within the service. Dates of competency and capability assessments are documented on the nurse in charge competency and capability matrix.</p>	

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection 18 April 2024</p>	<p>The registered person shall ensure patient’s care plans and all evaluations of care are meaningful and person centred.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection 18 April 2024</p>	<p>Response by registered person detailing the actions taken: Full review of care plans is ongoing within the service to ensure documentation is meaningful and person centred. Education with nurses regarding importance of meaningful care plan evaluation will take place during individual supervision sessions. Compliance in this area to be monitored during monthly care plan review by the registered manager.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4.5</p> <p>Stated: First time</p> <p>To be completed by: 18 June 2024</p>	<p>The registered person shall ensure patient’s care records evidence an up to date photograph of the patient.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection 18 April 2024</p>	<p>Response by registered person detailing the actions taken: Up to date photographs of residents have been taken, dated and will be uploaded to the online care planning system.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4.5</p> <p>Stated: First time</p> <p>To be completed by: 18 June 2024</p>	<p>The registered person shall ensure that there is evidence of patient / relatives / next of kin involvement in the care planning process where appropriate.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4.5</p> <p>Stated: First time</p> <p>To be completed by: 18 June 2024</p>	<p>Response by registered person detailing the actions taken: Patient/ relatives/ next of kin input in the care planning process is promoted within the service. This is evidenced in care planning meetings as part of the transition process, during annual care management reviews and internal family meetings within the service. Refusals to partake in the care planning process will be documented also.</p>

Area for improvement 6 Ref: Standard 23.2 Stated: First time To be completed by: From the date of the inspection 18 April 2024	The registered person shall ensure that patients are repositioned as prescribed in their care plans. Ref: 5.2.2
	Response by registered person detailing the actions taken: The importance of repositioning as per care plans has been reinforced during individual supervision sessions with nurses, senior carers and care assistants. Nurses have been reminded of the importance of overseeing compliance and documentation in this area whilst on shift. Registered manager to oversee compliance in this area as part of her monthly governance arrangements.

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