

Inspection Report

Name of Service: Bradley Manor

Provider: Healthcare Ireland (Belfast) Limited

Date of Inspection: 11 June 2025

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

1.0 Service information

Organisation:	Healthcare Ireland (Belfast) Limited
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Miss Methyl Dagooc
<p>Service Profile – This home is a registered nursing home which provides nursing care for up to 60 patients. The home is divided into three units over two floors. The Linen Unit on the ground floor provides general nursing care. The City View and North View Units on the first floor provide care for patients living with dementia. Patients have access to communal lounges, dining rooms and a large enclosed garden.</p> <p>There is a residential care home which occupies part of the ground floor of the building; this home is registered separately and has separate management arrangements.</p>	

2.0 Inspection summary

An unannounced inspection took place on 11 June 2025, from 9.30 am to 7.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified by RQIA; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

As a result of this inspection RQIA required the provider to attend a meeting in line with RQIA's enforcement procedures. A serious concerns meeting was held on 25 June 2025 to discuss concerns relating to the cleanliness and up keep of the internal environment and the management of risks to patients. Details can be found in the main body of this report. At this meeting RQIA accepted the action plan completed by the provider, which detailed the actions they had taken and intended to take to ensure the minimum improvements necessary to achieve compliance, RQIA were satisfied with the plan and decided to take no further enforcement action. However, an unannounced follow up care inspection will be scheduled.

This inspection assessed three areas for improvement as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoken with said they were happy with the care from staff, they said they felt well looked after by the staff who were helpful and friendly. Patients told us; "The staff are very good".

Staff spoken with said that Bradley Manor was a good place to work and said the teamwork was good. Staff commented positively about their roles, duties and the training provided. The staff also told us about how much they enjoy looking after the patients. The staff described the manager as supportive and approachable. Some individual staff comments were shared with the manager for her appropriate action.

Some patients may have difficulty telling us about their experiences. Patients who had communication difficulties looked relaxed in their environment and during interactions with staff. Patients were observed to give non-verbal cues to indicate their wellbeing, such as smiling or hand gestures.

Relatives commented positively about the provision of care within the home. Comments included: "I can't say a bad word, the staff are brilliant", "The staff are approachable and caring,

I have no concerns". Some individual comments regarding the food and activity provision was shared with the management team to address.

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels.

Review of governance records provided assurance that there were systems in place to ensure staff were trained and supported to do their job and that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, 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.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care. A restrictive practice register was monitored and reviewed monthly.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. It was clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. It was observed that patients were enjoying their meal and their dining experience. Nursing staff completed regular nutritional risk assessments and the manager monitored patients weights monthly for weight loss or weight gain.

The importance of engaging with patients was well understood by the manager and staff. Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity schedule was on display. It was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals. Some individual comments regarding the availability and variety of activities from family members was discussed with the manager.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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.

Patients care records were held confidentially.

A sample of patient care records were reviewed; the care records were generally well maintained and evidenced regular review and evaluation by the registered nurse. However, in the care records reviewed it was evident that some important care plans in regard to the patient's current care needs were not in place. An area for improvement was identified.

A record was kept of what patients had to eat and drink, however, these records lacked detail as to the actual food the patient consumed on a daily basis. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment Control

Review of the home's environment identified a number of environmental issues. The overall environment was unclean, tired and worn, with several areas in need of repair or redecoration.

Despite a refurbishment plan being in place and evidence of management review, it was disappointing to note there had been very limited progress in addressing any of the identified actions. A number of bedroom walls required repainting, flooring within corridors was not intact, the paint on kitchenette doors was badly chipped, electrical sockets were damaged and

the flooring in one bedroom and a communal bathroom was warped creating a trip hazard. The refurbishment plan also lacked detail as to the date an area requiring action was added to the plan and several entries did not evidence a target date for completion.

The inspection findings were discussed at the serious concerns meeting on 25 June 2025; the management team provided an updated refurbishment plan for each unit which included expected timeframes for completion of the identified actions. An area for improvement was stated for a second time.

A number of areas throughout the home were also seen in need of a thorough clean. For example, patient equipment such as shower seats, hoists and sensory items were noted to be stained and/or dusty with noticeable debris. Floors were observed with debris and items of furniture had not been cleaned after spillages. Areas for improvement were stated for a second time.

The general cleanliness of the home was discussed with the management team at the serious concerns meeting. The management team provided assurances that the manager or delegated senior staff will have daily oversight of the cleanliness of the home and complete a "manager's checklist" to ensure standards are maintained.

In addition, multiple beds were found to be dressed with bed linen that was stained or not clean. This was brought to the attention of the regional area manager and addressed immediately. However, RQIA were concerned that staff had not recognised this deficit, and had continued to make the patient's beds up with unclean or stained linen. An area for improvement was identified.

RQIA were also concerned about the management of risks to patients particularly in the dementia units of the home. Despite laminated posters displayed within the Northview and Cityview dementia units regarding the safe storage of toiletries, a number of bathroom cabinets were found unlocked which allowed easy access to multiple toiletries, denture cleaning tablets and in one room a bottle disinfectant.

The activity store in the Northview lounge was observed unlocked with access to a number of activity products which could have posed a risk to patients and within patient's bedrooms there was easy access to food and fluids. These are all potential risks as many patients are mobile, move independently around the unit and may be at risk of choking or ingesting both inappropriate foods and non-food items. An area for improvement was stated for a second time.

The concerns regarding risks to patients and the quality of bed linen was discussed at the serious concerns meeting and an update was provided by the management team as to the systems that are now in place to ensure oversight and management of these identified areas.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Methyl Dagooc has been the registered manager of this home since 1 July 2022.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to patients; with the exception of the environment and cleanliness of the home. These matters are detailed in the previous section.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment.

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	5*	2*

*the total number of areas for improvement includes four areas for improvement that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Methyl Dagooc, Registered Manager and Mary Stevenson, Regional Area 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 12 June 2025</p>	<p>The registered person shall ensure that an environmental time bound refurbishment action plan is in place; this action plan should be available for inspection and evidence meaningful oversight by the Manager.</p> <p>Ref: 2.0 and 3.3.4</p> <p>Response by registered person detailing the actions taken: Refurbishment plan update provided to Lead Inspector at meeting 25.6.25. Works are progressing and new furniture provided. Ongoing focussed review of refurbishment plan by Registered Manager and escalation through ELOGS of any concerns.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: Second time</p> <p>To be completed by: 12 June 2025</p>	<p>The registered person shall ensure that all parts of the home are kept clean.</p> <p>Ref: 2.0 and 3.3.4</p> <p>Response by registered person detailing the actions taken: Cleaning schedules and allocation of staff reviewed. All staff reminded of responsibility for all to address any concerns with cleanliness. Monitoring of cleanliness standards ongoing by nurse on shift, by Registered Manager and by Regional Manager.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: Second time</p> <p>To be completed by: 11 June 2025</p>	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 2.0 and 3.3.4</p> <p>Response by registered person detailing the actions taken: Safety locks in use to secure storage for toiletries and food/drinks. Communication sent to relatives regarding rationale and their ongoing compliance with this and also regarding bringing in chemicals and leaving accessible. Prescribed topical medication and steradent secured in nursing station when not in use.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (8) (a)</p> <p>Stated: First time</p> <p>To be completed by: 11 June 2025</p>	<p>The registered person shall ensure patient's beds are appropriately dressed with clean bed linen.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: New bed linen purchased with ample excess. Ongoing monitoring by nurses and Registered Manager. Continued liaison with engineer with regards to product and dosing system.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 12 June 2025</p>	<p>The registered person shall ensure that care plans accurately reflect the assessed needs of the patient.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Nurses reminded of their responsibilities in regards to records for new admissions. Registered Manager will audit care plans for new admissions by Day 5 to ensure care plans accurately reflect the assessed needs of resident.</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 46</p> <p>Stated: Second time</p> <p>To be completed by: 11 June 2025</p>	<p>The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> • Storage on toilet cisterns • Manual handling equipment is effectively cleaned • Shower seats are effectively cleaned. <p>Ref: 2.0 and 3.3.4</p> <p>Response by registered person detailing the actions taken: Staff have been reminded of their responsibilities in this area and standards expected. Decontamination records reviewed and updated. Spot checking continues by nurse on duty and Registered Manager as well as by Regional Manager during support and REG 29 visits.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 12.27</p> <p>Stated: First time</p>	<p>The registered person shall ensure that supplementary food records are accurately maintained with details of the exact amount and type of food consumed by patients.</p> <p>Ref: 3.3.3</p>
<p>To be completed by: 12 June 2025</p>	<p>Response by registered person detailing the actions taken: All nurses and care staff have been provided with guidance through debriefs of what this should look like. PCS training has been completed with 25 staff covering same. Further session planned for 13.8.25. Ongoing review of supplementary records by nurses, Registered Manager and Regional Manager</p>

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