The Regulation and Quality Improvement Authority

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/Registered Provider:	Healthcare Ireland (Belfast) Limited
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Mrs Julie Watson
Service Profile – This home is a registered Residential Care Home which provides health and social care for up to 21 residents living with dementia. There is in internal garden which resident have access to.	

2.0 Inspection summary

An unannounced inspection took place on 11 June 2025, between 9.30 am and 5.40 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, during the last care inspection on 16 July 2024, and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. One area for improvement 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 resident'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

Residents spoke positively about life in the home. Comments included, "The care is good," and "There is plenty of choice." Residents 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.

One resident told us, "We are very well looked after, the food is good." Another resident said," The staff are attentive, I have no concerns."

A relative spoke of how," There is plenty of activities, the girls are attentive."

Another relative spoke of how," Communication with the home is good, the place could not be better!"

There was evidence of regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

Residents told us that staff offered them choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

No completed questionnaires from residents, relatives or responses to the staff survey were received following the inspection.

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 residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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

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

At times some residents 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 residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Staff were doing a musical activity in the lounge with residents on the morning of the inspection.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. The weekly programme of social events was displayed on the noticeboard advising of events.

Residents' needs were met through a range of individual and group activities such as board games, arts and crafts and musical activities.

Residents who were offered to participate in an activity in the home, and who refused, this was not been recorded by staff. An area for improvement was identified.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Review of a care plan of a resident requiring increased levels of supervision of staff, did not have a regular review of the increased level of supervision provided. An area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

There was no appropriate area in the home designated for residents who smoke or use a vape. An area for improvement was identified.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in management of the home since the last inspection. Mrs Julie Watson has been the manager in this home since 10 December 2018.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

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 residents.

Residents and their relatives spoken with said that they knew how to report any concerns or complaints and said they were confident that the manager 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	1*	3

* the total number of areas for improvement includes one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Julie Watson, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Standard 30 **Stated:** First time **To be completed by:** From the date of the inspection onwards (9 April 2024)	The registered person shall ensure that the administration of liquid medicines and inhaler preparations is appropriately monitored to ensure they are administered as prescribed. Ref: 2.0 **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.**
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 13 **Stated:** First time **To be completed by:** 01 July 2025	The registered person shall ensure that a record is kept of any resident, who when offered, does not participate in an activity in the home. Ref: 3.3.2 **Response by registered person detailing the actions taken:** The Registered Manager has provided learning through safe care huddles and implemented the practice of recording when a resident does not participate in an activity when offered - this will continue to be monitored within internal audits by Registered Manager and within Reg 29 visits by senior management
Area for improvement 2 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 01 July 2025	The registered person shall ensure that each resident has an individual and up to date care plan. Specifically, care plans for one to one supervision should have the process of the one to one provision regularly reviewed. Ref: 3.3.3 **Response by registered person detailing the actions taken:** The Registered Manager will ensure that the requirement for one to one support will be reviewed monthly or when there has been a change to the residents circumstances.
Area for improvement 3 **Ref:** Standard N 18 **Stated:** First time	The Registered Person shall ensure a suitable arrangement is in place for residents who wish to smoke or vape. The manager should submit a time bound action plan to identify when this arrangement will be in place. Ref: 3.3.4

To be completed by: 01 August 2025	**Response by registered person detailing the actions taken:** Further to advice sought from Fire Risk Assessor, a smoking area has been identified within the enclosed garden and an appropriate cover has been ordered with expected lead time of 31.8.25

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

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