The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Bradley Court**

Provider: **Healthcare Ireland (Belfast) Limited**

Date of Inspection: **29 July 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:	**Andrea Louise Campbell**
Registered Manager:	**Paul Williamson – not registered**
Service Profile – This home is a registered nursing home which provides nursing care for up to 12 patients who have a learning disability. 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 29 July 2025, from 10.00 am to 16.45 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.

The inspection established that safe, effective and compassionate care was delivered to patients 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 patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients 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 two areas for improvement were assessed as having been addressed by the provider. One area for improvement stated under the standards regarding repositioning was subsumed into a new area for improvement under regulation. 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.

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

The inspector spoke with a number of staff, patients, and the management team during the inspection.

Patients who were able to share their opinions on life in the home said they were well looked after. 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.

Staff spoken with said that Bradley Court was a good place to work. Staff said that they were satisfied with staffing levels, teamwork was good, the management team was approachable and they thoroughly enjoyed working in the home.

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

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. Review of recruitment files initially did not contain all the required information and needed a tidy up; this was addressed by the manager once brought to their attention.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

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.

The staff duty rota accurately reflected the staff working in the home on a daily basis. However, review of the duty rota evidenced that some alterations had been made to the duty rota which were observed not made in line with best practice guidance. An area for improvement was identified.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). However; disappointingly review of the care staff registration with Northern Ireland Social Care Council (NISCC) still identified inconsistencies in the updating of the audit once staff had paid their yearly fee. An area for improvement was stated for a second time.

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 patients.

Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the patients at all times.

Staff demonstrated their knowledge of individual patient's needs, preferred daily routines and likes and dislikes; for example, where patients preferred to sit and what they liked to eat. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

At times some patients may require the use of equipment or assessed as requiring continuous supervision; this could be considered restrictive, they may also 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. The staff were knowledgeable about each patients' care needs. Care plans included details of identified triggers, what the behaviours might look like and the plan in place evidenced how to manage and de-escalate behaviours.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly. A review of repositioning records evidenced that patients

were not always repositioned as prescribed in their care plan. A new area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. The manager confirmed that staff take appropriate action in the event of a fall, for example, the staff observe and monitor the patient post fall and seek medical assistance if required.

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. Patients were offered a choice of meals. Staff supported patients to eat their meals in their preferred location of the home.

The importance of engaging with patients was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games. The home has a dedicated activity therapist. Each patient has their own individualised activity programme. The activity staff member advised us of the home's two new pet guinea pigs and explained how the patients enjoy looking after them.

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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care.

Review of care records for two patients who had recently spent some time in hospital did not evidence that all their care plans and risk assessments had been reviewed upon readmission to the nursing home. An area for improvement was partially met and will be stated for a second time.

3.3.4 Quality and Management of Patients' Environment

Review of the home's environment identified a number of environmental issues. A number of areas of the home was observed messy and in need of a better clean. This was brought to the manager's attention and an area for improvement was identified. In addition, a number of corridors and bedrooms required painting and furniture was observed broken and in need of repair or replacement. The manager advised of an ongoing refurbishment / painting plan. The manager shared this schedule with RQIA; progress with the planned work will be reviewed at the next inspection.

Review of records and discussion with the manager confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. Corridors and fire exits were clear from clutter and obstruction.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mr Paul Williamson has been the acting manager of the home since 16 September 2024.

Staff commented positively about the manager and described him as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

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. However, although improvement was observed in the quality of the care record audits, a number of action plans did not evidence follow up; an area for improvement was partially met and will be stated for a second time. Gaps were also observed in the regular review of restrictive practices. An area for improvement was identified.

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

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	3*	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Paul Williamson, 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 20 (1) (c) (ii) **Stated:** Second time **To be completed by:** 30 July 2025	The Registered Person shall ensure care staff registration is effectively monitored by the manager to ensure staff are up to date with their yearly fee and are on the live Northern Ireland Social Care Council (NISCC) register. Ref: 2.0 and 3.3.1 **Response by registered person detailing the actions taken:** The manager will conduct bi-monthly reviews of the NISCC register to ensure ongoing governance, compliance, and adherence to regulatory standards
Area for improvement 2 **Ref:** Regulation 16 (2) (b) **Stated:** Second time **To be completed by:** 30 July 2025	The Registered Person shall ensure risk assessments and care plans are reviewed and updated following any patient's admission to hospital. Ref: 2.0 and 3.3.3 **Response by registered person detailing the actions taken**: All registered nursing staff have been reminded of the requirement to complete, review, and update risk assessments following hospital admissions, regardless of any changes
Area for improvement 3 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** 29 July 2025	The Registered Person shall ensure that supplementary care records evidence that patients are repositioned as prescribed in their care plans. Ref: 2.0 and 3.3.3 **Response by registered person detailing the actions taken**: A monthly audit, along with managerial oversight of PBCA and nursing records, will be conducted to ensure patients are repositioned in accordance with their care plan. Additionally, a review of the repositioning schedule will be discussed with the social worker and care manager to ensure it is tailored to each individual patient's needs

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 35 **Stated:** Second time **To be completed by:** 31 August 2025	The Registered Person shall ensure that care record audits include a clear action plan when deficits are identified. These action plans should include the person responsible for completing the action and appropriate follow up to ensure any identified actions are addressed. Ref: 2.0 and 3.3.5
	Response by registered person detailing the actions taken: All relevant audits now include a clear action plan, with defined timescales for completion and designated individuals responsible for implementation and follow up.
Area for improvement 2 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 30 July 2025	The Registered Person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance. Ref: 3.3.1
	Response by registered person detailing the actions taken: This has been reviewed and actioned. All unnecessary access to the rota has been removed, with a weekly review in place to ensure clear printing and proper allocation of the Nurse in Charge
Area for improvement 3 **Ref:** Standard 44.1 **Stated:** First time **To be completed by:** 29 July 2025	The Registered Person shall ensure that patients' bedrooms are kept clean and tidy. Ref: 3.3.1
	Response by registered person detailing the actions taken: All staff have been reminded of the importance of timely cleaning and monitoring. The Home Manager will conduct twice-daily walkarounds to ensure ongoing compliance and adherence to IPC.
Area for improvement 4 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 30 August 2025	The Registered Person shall ensure that regular audits are completed and signed by the manager in relation to the use of restrictive practices in the home. Ref: 3.3.5
	Response by registered person detailing the actions taken: All audits of restrictive practices have been completed, signed off, and are now up to date.

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

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews