The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Bradley Manor**

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

Date of Inspection: **8 December 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

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.

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.

2.0 Inspection summary

An unannounced inspection took place on 8 December 2025, from 9.35 am to 3.05 pm by two care inspectors.

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 11 June 2025; 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 inspectors 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.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of the home environment and care records.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. Two other areas for improvement have been stated again. 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 patients, 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" and "They are good to me".

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 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.

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

Patients 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.

3.3.2 Quality of Life and Care Delivery

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.

It was observed that 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.

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.

The dining experience was an opportunity for patients to socialise; the atmosphere was calm, relaxed and unhurried. The daily menu was displayed appropriately in two of the three units. This was discussed with the manager to address. Meals were appropriately covered on transfer to patients' preferred dining area. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Patients told us they enjoyed their meal.

The importance of engaging with patients was well understood by the manager and staff. There was a range of activities provided for patients by activity staff. Patients' needs were met through a range of individual and group activities. The programme of social events was displayed. The range of activities included social, community, cultural, religious, spiritual and creative events.

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. However, a number of care plans for a newly admitted patient had not been completed within the required timeframe. An area for improvement was identified.

A sample of other 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 regards to the patient's current care needs were not in place. An area for improvement was stated for a second time, the specific details were discussed with the manager.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. It was evident that the home had some work done to the environment since the last inspection; however, some areas still required addressing. The manager advised of the ongoing refurbishment and redecoration plan for the other areas identified within the home.

Progress was observed within the Northview and Cityview units in regard to maintaining a safe environment for the patients. However, within a number of bedrooms where the patients had their own refrigerator, these were observed unlocked or without a lock. Therefore, the items stored within were not secured. In addition, a further bedroom was observed to have toiletry items unsecured and a bottle of liquid medication was observed on a dresser.

Furthermore, 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. These shortfalls are all potential risks to patients who may be mobilising around the units or be at risk of choking or ingesting these items. This was discussed with the manager to address and an area for improvement was stated for a third time and a new area for improvement regarding safe storage of medication was identified.

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.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

However, review of the environmental audit evidenced a lack of consistency in its timing of completion and any deficits identified were not followed up to ensure they were addressed. An area for improvement was identified.

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	2*	3

*the total number of areas for improvement includes two regulations that have been stated for second and third time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 14 (2) **Stated:** Third time **To be completed by:** 8 December 2025	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. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: The internal areas have been reviewed for potential hazards and safety locks fitted to fridges identified and the activity store. The medication observed at the time of inspection is an area of shared learning with the staff team via safety huddle and communciation forwarded to the relatives from the Home Manager in relation to the risks of bringing medication into the home. This will be reviewed as part of the Home Manager Daily walk round and the monthly Regulation 29 visits to ensure compliance.
Area for improvement 2 **Ref:** Regulation 16 (2) (b) **Stated:** Second time **To be completed by:** 8 December 2025	The Registered Person shall ensure that care plans accurately reflect the assessed needs of the patient. Ref: 2.0 and 3.3.3
	Response by registered person detailing the actions taken: The care plan identified at the time of inspection has been reviewed and updated accordingly. This will continue to be area of review with the introduction of a checklist on admission and care plan review tracker. Monthly audits of care plans to be completed by Home Manager with evidence of follow up action plans to evidence review.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 8 December 2025	The Registered Person shall ensure that care plans are in place for any newly admitted patient to the home within the required timeframe. Ref: 3.3.3
	Response by registered person detailing the actions taken: As above the introduction of a checklist to ensure compliance and completion of Care Plan initial assessments within the required time frame. A tracker is in place to assist with the allocation of care plans and new admission care plans to be reviewed as part of Home Manager Daily walkround.
Area for improvement 2 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 8 December 2025	The Registered Person shall ensure that medications are stored safely and securely. Ref: 3.3.4
	Response by registered person detailing the actions taken: The medication observed on the day of Inspection was removed immediately and an area of shared learning identified. A safety huddle has been completed with the staff team to be vigilant of same. A communication has been forwarded to the relatives with regard to same to ensure no medication is brought to the home and or left in resident areas due to the risk. Laminated posters have been diplayed on the relative notice boards. This will be reviewed as part of the Home Manager daily walkround.
Area for improvement 3 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 31 December 2025	The Registered Person shall ensure that environmental audits are completed regularly; the audit should include where required a clear action plan, the person responsible for completing the action and appropriate follow up to ensure any identified actions are addressed. Ref: 3.3.5
	Response by registered person detailing the actions taken: An environmental audit has been completed by the Home Manager and this will continue to be an area of focus. An action plan has been completed. The Home Manager is to evidence completion of actions by date and signature of completion. This will be monitored by the Regional Manager via monthly Regulation 29 visits.

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

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