The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Bradley Court**

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

Date of Inspection: **23 January 2026**

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 Andrea Louise Campbell
Registered Manager:	Ms Kathleen Laverty – 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 23 January 2026, from 9.15 am to 1.30 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, during the last care inspection on 29 July 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found 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 five areas for improvement were assessed 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 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

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 teamwork was good, the new manager was approachable and they thoroughly enjoyed working in the home.

Three completed patient questionnaires were received, the care staff had helped the patients to complete the questionnaires. All three contained positive comments regarding the care in Bradley Court. Comments included, "The staff are very helpful, kind and funny", "The staff are by my side and ask me what I want to do, help me with activities and take me out shopping", "Its good here" and "I love the care provided, it feels like home".

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.

The staff duty rota accurately reflected the staff working in the home on a daily basis.

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).

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.

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.

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 manager discussed some recent positive changes to the menu and patients' dining experience.

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.

3.3.3 Management of Care Records

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 evidenced that their care plans had been reviewed upon readmission to the nursing home but unfortunately not their risk assessments. This shortfall was discussed with the manager and consideration should be given to the implementation of a system to ensure all care records are reviewed once a patient is readmitted to the home after a period of admission to hospital. This will be followed up on a future inspection.

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 including patients' bedrooms were observed in need of a better clean. This was brought to the manager's attention and an area for improvement was stated for second time. The manager advised of the ongoing refurbishment and redecoration plan for the other areas identified within the home.

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. Ms Kathleen Laverty has been the acting manager of the home since 20 October 2025.

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.

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	0	1*

*The total number of areas for improvement includes one standards that has been stated for a second 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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 44.1 **Stated:** Second time **To be completed by:** 23 January 2026	The Registered Person shall ensure that patients' bedrooms are kept clean and tidy. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: A refurbishment and redecoration plan is in place. Focussed learning to be completed with domestic team regarding the importance of deep cleaning within residents apartments. Cleanliness and tidiness within residents apartments to be discussed in upcoming staff meeting. Registered nurses to oversee compliance in this area on a daily basis. Registered Manager to monitor this issue during daily walkarounds and adress shortfalls when identified. This area for improvement will also be reviewed during regulatory visits.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

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