

Inspection Report

21 September 2023



Braefield Nursing Home

Type of Service: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited</p> <p>Responsible Individual: Ms Amanda Mitchell</p>	<p>Registered Manager: Mrs Rebecca Lawless – not registered</p>
<p>Person in charge at the time of inspection: Mrs Rebecca Lawless - manager</p>	<p>Number of registered places: 56</p> <p>21 patients in Kells unit in category NH-DE; 17 patients in Ballee Unit in categories NH-I and NH-PH; 8 patients in Killybegs unit and 10 patients in Connor unit in categories NH-A; NH-MP; NH-MP(E); NH-PH and NH-PH(E)</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH(E) – Physical disability other than sensory impairment – over 65 years. A – Past or present alcohol dependence.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 46</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 56 patients. The home is divided in four units over two floors; the Kells unit which provides care for people with dementia; the Ballee which provides general nursing care and the Killybegs and Connor units which provides care for people living with mental health disorders, alcohol related dependency and physical disability.</p>	

2.0 Inspection summary

An unannounced inspection took place on 21 September 2023, from 9.30am to 6.00pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 6.0.

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.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

Patient and staff were spoken with individually and in small groups. Comments about living and working in the home were positive.

Patients said that staff were looking after them well and kept their room and clothing clean. Comments were complimentary regarding the meals and the care received.

Staff said they enjoyed working in the home and were well supported by the manager. Staff confirmed that they were receiving training for their roles and had completed an induction when they first started in the home.

Completed questionnaires were received following the inspection and patients confirmed that they were either satisfied or very satisfied that care was safe, effective, compassionate and well led.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 4 April 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time	The responsible individual shall make suitable arrangements to minimise the risk of infection by addressing the IPC issues highlighted in the report.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4	The responsible individual shall ensure that care plans are kept up to date and contain detailed plans reflective of the changing needs of the patient.	Met

Stated: Second time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 44 Stated: First time	The responsible individual shall ensure the premises are well maintained and suitable for their states purpose. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 3 Ref: Standard 44.4 Stated: First time	The responsible individual shall ensure that changes to patients' allocated bedrooms are only undertaken in consultation with the patient. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 4 Ref: Standard 11 Stated: First time	The responsible individual shall ensure a range of meaningful activities are provided for all patients on a regular basis. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. There was good compliance with mandatory training which included moving and handling practice, infection prevention and control (IPC) and fire training.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that there was enough staff on duty to meet the needs of the patients. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

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

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

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.

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.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed.

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.

The lunch time meal was observed and was an opportunity for patients to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Appropriate clothing protectors were not available at lunch time. This was discussed with the manager and an area for improvement was identified.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of patients' nutritional needs.

There was choice of meals offered, the food was attractively presented, smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed 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 well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was tidy and well maintained following recent building work. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable.

Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. There was evidence that the repair or replacement of a light switch and flooring was required and paint stains on floors required removal. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Observation of practice and the environment identified a number of infection prevention and control deficits which required addressing. An area for improvement was identified.

A trolley containing cleaning chemicals was observed to be left unattended. This was brought to the attention of the manager for immediate action. An area for improvement was identified.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients 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.

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Could have family or friends in their room or one of the lounges or could go out to local shops.

Patients also told us that they were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices.

There was a range of activities provided for patients by staff. As said previously patients had been consulted on their activity programme. The range of activities included social, community, cultural, religious, spiritual and creative events.

Staff recognised the importance of maintaining good communication with families. Staff assisted patients to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Rebecca Lawless is the acting manager in the home.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients spoken with said that they knew how to report any concerns. Review of the home's record of complaints confirmed that these were well managed.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA. An estates notification was noted as not having been sent to RQIA. This was discussed with the manager who agreed to send retrospectively and ensure any further notifications would be made in a timely manner. This will be reviewed at the next inspection.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Rebecca Lawless, 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 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible individual shall make suitable arrangements to minimise the risk of infection by addressing the infection prevention and control (IPC) issues highlighted in the report.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Registered Person has in place governance audits and action plans, taking place on a daily, weekly and monthly basis to ensure Infection Prevention and Control (IPC) risks are minimised and prevented. The audits in place include, Domestic Services, Catering Services, Hand Hygiene, Decontamination, Daily staff safety huddles and IPC quarterly audit. There are daily walk arounds by the Home Manager and delegated person in charge to ensure IPC measures are delivered and in place. Supervisions with individual nursing and care staff ensures all staff are aware of their responsibilities relating to Infection Prevention and Control. Infection Prevention and Control training is being delivered to all staff and addressed in team meetings.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible individual shall ensure all parts of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: There are domestic audits in place to ensure the home is free from preventable hazards. Daily walk arounds include observations for hazards, and all nursing, care and domestic staff are aware of their responsibility in relation to safety hazards and prevention.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	

<p>Area for improvement 1</p> <p>Ref: Standard 12.25</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible individual shall ensure patients are provided with appropriate clothing protectors during mealtimes.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2023</p>	<p>Response by registered person detailing the actions taken:</p> <p>There are clothing protectors available for all residents to use during mealtimes. Nursing and Care staff are aware of their responsibilities in ensuring all residents who require these are provided with clothing protectors.</p> <p>There are daily observations completed during all meal times and a monthly dining experience audit completed in the home.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2023</p>	<p>The responsible individual shall ensure the premises remain suitable, clean and well maintained for their purpose</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2023</p>	<p>Response by registered person detailing the actions taken:</p> <p>There are systems and processes in place to ensure the premises are suitable, clean and well maintained, these include domestic and IPC audits. There are domestic staff employed by the home who ensure the home is suitably clean and well maintained. Regular meetings with domestic and maintenance staff ensure the home is well maintained for the comfort of the residents.</p> <p>All staff are trained in Infection Prevention and Control.</p>

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