

Inspection Report

3 May 2022



Braefield Nursing Home

Type of service: Nursing Home
Address: 2-6 Carncome Road, Connor, Ballymena, BT42 3LA
Telephone number: 028 2589 2233

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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 Dawn Foreman</p> <p>Not registered</p>
<p>Person in charge at the time of inspection: Mrs Dawn Foreman - manager</p>	<p>Number of registered places: 53</p> <p>There may be a maximum of 23 patients accommodated within category NH-DE and located in the designated dementia unit. There shall be a maximum of 1 named resident receiving residential care in category RC-I.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 44</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This home is a registered Nursing Home which provides nursing care for up to 53 patients. The home is divided in two units over two floors. The Dementia Care Unit is on the ground floor and the General Nursing Unit is on the first floor. Patients have access to their own bedrooms, communal dining rooms and lounges.</p>	

2.0 Inspection summary

An unannounced inspection took place on 3 May 2022 from 9.20 am to 6.20 pm 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.

The home was clean and bright and patients were relaxed and comfortable in their interactions with staff while staff provided care and support to meet their individual needs.

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

Staff provided care in a compassionate manner while carrying out assistance with personal care, eating and drinking and individual activities which patients preferred.

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 7.0.

RQIA were assured that the delivery of care and service provided in Braefields was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services.

The findings of this report will provide the management team 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 and 'Tell Us' cards 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 management team at the conclusion of the inspection.

4.0 What people told us about the service

Five patients, one relative and six staff were spoken with and confirmed that at times staff took longer to respond to requests for assistance from patients, however, staffing was improving with recent recruitment. Patients and a relative were complimentary about the care received in the home and the communication from staff regarding their relative. Comments about the meals were positive including; “they feed you really well and the food is lovely”.

A phone call received following the inspection, from a relative, confirmed they had concerns about the impact of the current building works on patients’ privacy, the standard of meals provided and the use of buzzers for patients. This was discussed with the manager for her review and attention.

No completed patient or relative questionnaires were received following the inspection and there were no responses to the online staff survey.

A record of compliments received about the home was kept and shared with the staff team.

5.0 The inspection

Areas for improvement from the last inspection on 27 May 2021		
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: First time	The responsible individual shall make suitable arrangements to minimise the risk of infection by addressing the IPC issues highlighted in the report.	Partially Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. Cups used during the lunchtime meal were stained and equipment was inappropriately stored in bathrooms. This area for improvement has been stated for a second time.	
Area for improvement 2	The responsible individual shall ensure that all notifiable incidents and accidents are reported	Met

<p>Ref: Regulation 30</p> <p>Stated: First time</p>	<p>to RQIA without delay.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The responsible individual shall ensure that the cracked/broken wash hand basins are repaired or replaced and that the walls within the home are repainted regularly</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The responsible individual shall ensure any medication which is kept in the nursing home is stored in a secure place.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. Care records for activities and use of topical creams were not up to date and reflective of patient needs. This area for improvement has been stated for a second time</p>	<p>Partially met</p>

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. The records of training required to reflect the training completed for staff specific to their roles. This was discussed with the manager who agreed to review the records.

Review of documentation and discussion with staff confirmed that staff received an induction to prepare them for working with patients. Staff completed a competency and capability assessment prior to taking charge in the home in the absence of the manager. Discussion with staff confirmed they were knowledgeable about roles and responsibilities in the absence of the manager.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the level of communication between staff and management. Staff told us that staffing levels had improved with the recruitment of new staff but could be busy in the afternoon and they were required to assist with kitchen duties when staffing levels required this. Staff said that patients were well looked after.

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. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. The manager confirmed that recruitment of care staff and kitchen staff was continuing to further increase staffing levels. This will be reviewed at the next inspection.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way, however, one patient said, "the staff do not come for a while when I buzz". Details were discussed with the management team during feedback for their evaluation. This will be reviewed at the next inspection.

Review of documentation confirmed that staff were registered with professional bodies including the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

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. Staff were knowledgeable about patients' needs, their daily routine, wishes and preferences. Staff confirmed they kept each other updated about the changing needs of the patients regularly throughout the day.

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 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, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, buzzers were at hand and bed rails were used if appropriate. The individual care records for the use of buzzers required to be up to date regarding patients ability to use this device. This was discussed with the manager and this area for improvement regarding care records has been stated for a second time.

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 dining experience was an opportunity of patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience.

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 and confirmed that patients care records were important to ensure patients received the right diet.

There was choice of meals offered, the food was attractively presented and 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.

Patients' individual likes and preferences were reflected throughout the records. Care plans specific information on 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.

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, however did not accurately reflect the repositioning of patients, patients ability to use buzzers and care records were not all regularly reviewed and updated to ensure they continued to meet the patients' needs. This area for improvement has been stated for a second time.

5.2.3 Management of the Environment and Infection Prevention and Control

On arrival at the home a temperature check and health questionnaire was completed. Personal Protective Equipment (PPE) was available for use and hand sanitising gel was supplied.

Observation of the home's environment evidenced that the home was tidy and fresh smelling. Patients' bedrooms were personalised with items important to the patient. It was observed that identified bedrooms and communal areas required repair and redecoration and the outside courtyard area of the home was noted to require maintenance as weeds were evident. An area for improvement was identified.

The outside area of the home had a number of building works in progress. There was an increased amount of noise due to the machinery in use and curtains were noted to be closed in some rooms to maintain privacy during construction works. A relative contacted the inspector following the inspection to discuss concerns regarding the lack of information regarding the building works, changes to patients' bedrooms and the impact on patients. The building works were also discussed with the estates inspector for review. An area for improvement was identified.

The home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance. Visitors were observed to be provided with PPE and hand hygiene facilities.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example; patients could have family/friends in their room and take part in seasonal activities. Patients were observed watching TV, listening to music, reading the paper or spending time in communal lounges or their own bedrooms.

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was an activities plan in place but it provided little information on the range of activities provided for patients by staff. No activities were noted to take place and there was a lack of stimulating pastimes for patients. An area for improvement was identified.

Country and western music was playing in one lounge where staff were noted to be in attendance to assist patients with their needs as required. Residents were well dressed in clean clothing and personal care had been attended to.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Dawn Foreman has been the manager in this home since 18 October 2021 and has applied to register with RQIA.

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.

Review of the home's record of complaints confirmed that these were documented and investigated by the manager.

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.

Staff commented about the management team and described them as supportive and approachable.

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.

7.0 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	1*	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Dawn Foreman, Manager, and Mary Stevenson, Regional Area 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 13 (7) Stated: Second time To be completed by: With immediate effect	The responsible individual shall make suitable arrangements to minimise the risk of infection by addressing the IPC issues highlighted in the report. Ref: 5.1 and 5.2.3 Response by registered person detailing the actions taken: There is ongoing monitoring of IPC carried out by the Home Manager on her Daily managers audit .Registered Nursing staff also carry out IPC audits ,.Further communication has been sent to all staff with regards to IPC. This will also be monitored through monthly provider visits.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: With immediate effect	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. Ref: 5.1 and 5.2.2 Response by registered person detailing the actions taken: Auditing of care plans is undertaken by the Home Manager and by the Senior Management team during visits to the Home. Action plans are developed and followed through by staff. This will be monitored through inspection.
Area for improvement 2 Ref: Standard 44 Stated: First time To be completed by: 30 June 2022	The responsible individual shall ensure the premises are well maintained and suitable for their states purpose. Ref: 5.2.3 Response by registered person detailing the actions taken: A refurbishment plan is in place along with ongoing building works to the Home. There is also a maintenance staff member who attends to daily issues arising within the Home via a maintenance log and discussion with the Home Manager / Nurse in Charge .
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. Ref: 5.2.3

<p>To be completed by: 30 June 2022</p>	<p>Response by registered person detailing the actions taken: Communication has been sent out to residents Next of Kin to keep them updated with any changes within the Home environment .Any changes to residents bedrooms will be discussed with the Next of Kin by the Home Manager and keyworker.</p>
<p>Area for improvement 4 Ref: Standard 11 Stated: First time</p>	<p>The responsible individual shall ensure a range of meaningful activities are provided for all patients on a regular basis. Ref: 5.2.4</p>
<p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: The residents activity schedule is in place for each week and an amendment has been made to include the type of activity that should be in occurring in the absence of the activity therapist . The Home Manager monitors this on the daily walkaround.</p>

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



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