

Inspection Report

4 April 2023



Braefield Nursing Home

Type of Service: Nursing Home
**Address: 2-6 Carncome Road, Connor,
Ballymena, BT42 3LA**
Tel no: 028 2589 2233

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited</p> <p>Registered Person/s OR Responsible Individual Amanda Mitchell</p>	<p>Registered Manager: Leeanna Bonar (Acting Manager)</p>
<p>Person in charge at the time of inspection: Adam Dickson (Specialist Services Support Manager)</p>	<p>Number of registered places: 53 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 one 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: 38</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This is a registered Nursing Home providing care for a maximum of 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> <p>A residential care home is located in a new two storey extension adjoining the nursing home; the first floor of the new extension is divided between the residential care home and nursing home.</p>	

2.0 Inspection summary

An announced inspection took place on 4 April 2023, from 11am to 2.30pm by estates and care inspectors.

The inspection focussed on the new eight bed first floor extension named `Slemish Unit`, plus the additional ground and first floor building alteration works detailed in the floor plans submitted with variation VA012178.

The variation application included reducing two double bedrooms per floor (four rooms in total) to single occupancy bedrooms, and altering the existing building plan configuration. The building modification works incorporated the construction of an additional single occupancy bedroom per floor plus additional communal day/dining space, office accommodation and the relocation of the hair dressing salon.

We found that the building engineering services and environment were constructed and maintained in a safe and effective manner and from an estate inspector`s perspective the variation application complies with the registration standards.

The variation application proposal will increase the maximum number of registered patients from 53 to 57.

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.

A range of building engineering services installation and commissioning certificates, associated risk assessments and statutory approvals documents were reviewed

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 The inspection

4.1 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 26 July 2022		
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.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	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.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
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.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

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.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
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.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

4.2 Inspection findings

4.2.1 Staffing Arrangements

Review of recruitment records and discussion with the management team showed that there was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients. An induction was in place for staff recruited to work in the home.

There was a system in place to ensure staff were registered with their governing bodies including NMC (Nursing and Midwifery Council) and NISCC (Northern Ireland Social Care Council).

There were systems in place to ensure staff were trained and supported to do their job. A training matrix was in place and evidenced that staff had received appropriate training for their roles.

The staff duty rota reflected the planned staffing levels for the home on a daily basis. Discussion with the management team confirmed that the duty rota would be updated to identify the person in charge when the manager was not on duty. The management team told us that the number of staff on duty would be regularly reviewed to ensure the needs of the patients were met.

4.2.2 Management of the Environment and Infection Prevention and Control

Observation of the home's environment including patient's bedrooms, communal areas, store rooms and corridors evidenced that the home was clean tidy and well presented. A small number of armchairs were available in the lounge and the management team assured us that additional furniture had been ordered.

A nurse call system was in place with call indication points through the corridors of the unit. Bedrooms were suitably furnished and ensuite bathrooms were clean and ready for use.

Building engineering risk assessments and associated controls assurance monitoring records were reviewed during the inspection process.

The new construction and building modification works were subjected to a physical inspection and noted to be in a satisfactory condition.

The first floor `Slemish Unit` located in the new extension had been altered by converting a corner section of the dining room adjacent the corridor into a `smoker room` facility. The management team were informed that an amended floor plan detail reflecting the alteration must be submitted for RQIA registration record; this record was submitted by e-mail. A fire blanket must be stored in a readily accessible location adjacent the proposed smoker`s room, and the addition of a smoker`s room should be included in the fire risk assessment document.

4.2.3 Management and Governance Arrangements

A unit manager has been appointment to oversee the management of the unit and the registered home manager will have oversight of management of the whole home.

During discussion the management team confirmed that a planned schedule of audits has been put in place to ensure the governance and monitoring of the quality of care and other services provided in the unit.

A range of established policies and procedures are already available in the home for use in the new unit.

4.2.4 Statement of purpose and patients' guide

An updated copy of the statement of Purpose and Patients' Guide were submitted to the RQIA prior to the pre-registration visit. It was noted that both documents had been developed in keeping with Regulation.

5.0 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 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, and three for the first time
, all five are carried forward for review at the next inspection.

This inspection resulted in no additional areas for improvement being identified. Findings of the inspection were discussed with management team as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
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