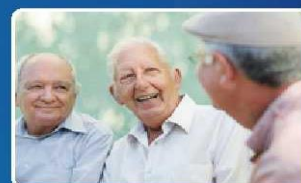




Unannounced Care Inspection Report 1 March 2021



Braefield Nursing Home

Type of Service: Nursing Home

Address: 2-6 Carncome Road, Connor, Ballymena, BT42
3LA

Tel No: 028 2589 2233

Inspector: Michael Lavelle

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 53 persons.

3.0 Service details

<p>Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited</p> <p>Responsible Individual: Amanda Celine Mitchell</p>	<p>Registered Manager and date registered: Jogin George – registration pending</p>
<p>Person in charge at the time of inspection: Jogin George – manager</p>	<p>Number of registered places: 51</p> <p>There may be a maximum of 13 patients accommodated within category NH-DE and located in the designated dementia unit. There shall be a maximum of 2 named residents 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 PH – Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 34</p>

4.0 Inspection summary

An unannounced inspection took place on 1 March 2021 from 10.30 hours to 17.00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led. The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures and environment
- leadership and governance

Patients said they were happy living in the home. Examples of comments provided are included in the main body of the report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*5	*4

*The total number of areas for improvement includes one under the regulations and one under the care standards which have been carried forward to the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jogin George, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report

During the inspection we met with six patients, one visiting professional and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with 'Tell Us' cards for distribution to patients' relatives not present on the day of inspection to give an opportunity to give feedback to RQIA regarding the quality of service provision. No questionnaires were returned.

The following records were examined during the inspection:

- staff duty rota for the weeks commencing 1 March 2021
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- care records for three patients
- supplementary care charts, including food and fluid intake, personal care and repositioning charts
- accident and incident reports
- record of complaints and compliments
- one staff recruitment/induction file
- records of audit
- a selection of monthly monitoring reports

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

No further actions were required to be taken following the most recent inspection on 3 January 2020

6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staffing rotas for the week of the inspection confirmed that the staffing numbers identified were provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty.

Patients expressed no concerns regarding staffing in the home.

We spoke with eight members of staff, who displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, patients and relatives. Staff said that there was good team working and that there was effective communication between staff and management. Staff also told us the following:

"The teamwork is very good. This unit is not too bad. It is really nice to work here. It keeps the day going. The patients are nice."

"At present we have enough staff to take care of the patients. The teamwork is good. I feel nobody is saying 'that is your job' as we all work together."

6.2.2 Care delivery

We walked around the home mid-morning. The atmosphere in the home was relaxed and well organised. Patients were either being cared for in their individual bedrooms or in the dining areas. Patients appeared warm and comfortable. They were nicely dressed with good attention to detail with their personal care needs evident.

Patients told us:

"I am getting on well here. My room is nice and bright."

"The care is good and the staff are alright."

"I find it great. The food is good. They come quick enough when I want them."

"The girls are good."

“I like it here. You can come and go as you like. The staff are very nice people.”

One visiting professional spoken with told us:

“The care is lovely. The patients’ needs are different and I feel for the staff. The teamwork is great. Any care recommendations are actioned immediately.”

We provided questionnaires in an attempt to gain the views of relatives, patients and staff that were not available during the inspection; none were received within the timeframe for inclusion in this report.

Staff were visible and attentive throughout the inspection, and attended to patients’ needs’ in a timely, kind and friendly manner. We saw staff offering choice and encouraging independence where possible, for example when mobilising or eating.

We saw patients enjoying their lunch in the dining areas of the home or in their bedroom in keeping with their personal preference. Patients were seated around tables which had been socially distanced and appropriately laid for the meal. The mealtime was well supervised with food being served when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Staff wore the appropriate aprons when serving or assisting with meals. Patients were observed to wear the same aprons as staff for the purpose of clothing protectors. This was discussed with the manager and identified as an area for improvement.

We reviewed activity provision. No activity planner was on display in any of the units within the home. Discussion with patients confirmed that they would not know what activities were planned in the home. One patient said,

“We don’t do activities. We don’t have an activity girl. We had one here but she left. We used to enjoy the arts and crafts and painting things but not anymore.”

Discussion with staff confirmed the activity co-ordinator had left the home in December 2020 and they are actively recruiting for a replacement. Review of records confirmed activities were delivered to some patients but not all; many personal care activities were recorded as activity provision. In addition, contemporaneous records were not consistently kept of all activities that took place. No record was retained if patients enjoyed the activities or not. Activity delivery was not consistently included in patient’s daily progress notes. Staff should ensure that patients are aware when activities are being delivered and contribute to the development of the activity planner; this should be reviewed on a bi-annual basis. This was identified as an area for improvement.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards:

“Please convey to all the staff out heartfelt thanks for the loving and dignified care given to my...”

“Heartfelt thanks for the care you gave to our relative. Special thanks to the night staff. Their attention and compassion was greatly appreciated.”

6.2.3 Care records

A range of assessments, to identify each patient's needs, were completed on admission to the home; from these assessments care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), tissue viability nurse (TVN) and dieticians also completed assessments as required. The outcomes of these assessments were available in the patients' notes.

We reviewed three patients' care records. Whilst it was positive to see evidence of patient centred care plans, some of the records contained repetitive nursing entries with some evaluations of care not personalised. This was discussed with the manager who agreed to discuss this with registered nursing staff and implement a qualitative element to the care records audit. An area for improvement was made.

Review of one patient's care records evidenced care plans had not been developed to guide the staff in the delivery of daily care needs in a timely manner. Whilst there were records of assessment of patient need and associated risk assessments, not all care plans or risk assessments accurately reflected the assessed needs of the patient. An area for improvement was made.

We reviewed one patient's needs in relation to wound prevention and care. Wound care documentation evidenced that a body map had been completed to identify the location of the wound and photographs were taken to evidence the improvement or deterioration in the wound. Records confirmed that the wound was dressed in keeping with the care plan instructions from the TVN. It was pleasing to see wound assessments were well completed after the wounds were redressed, although we saw that a limited evaluation was recorded following each wound dressing. This was discussed with the manager who agreed to address this deficit with registered nursing staff through clinical supervision.

We examined the management of patients who had falls. Review of one unwitnessed fall evidenced appropriate actions were not consistently taken following the falls in keeping with best practice guidance. Examination of daily progress notes confirmed that registered nursing staff did not consistently comment on the clinical and neurological observations taken after a fall. An area for improvement was made.

Review of care plans did not provide assurances that patient care plans were developed in consultation with the patient or patient's representative. This was discussed with the manager who agreed review this. An area for improvement was made.

6.2.4 Infection prevention and control (IPC) measures and environment

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

We identified inconsistencies in staff knowledge regarding the correct use of PPE and when they should take an opportunity for hand hygiene. Most staff wore face masks appropriately although we saw staff applying and removing PPE inappropriately. There was good availability of hand gels throughout the home. Audits, including hand hygiene and use of PPE, were completed monthly and evidenced good compliance with best practice; this was not evidenced during the inspection. These deficits were discussed with the manager and an area for improvement was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be clean, warm and tidy. We saw a broken emergency pull chord in an identified bathroom and noted a malodour in an identified bedroom; these were discussed with the manager for action as required.

During review of the environment we saw a domestic cleaning trolley was unsupervised on one occasion allowing potential patient access to substances hazardous to health. We discussed this with domestic staff and highlighted the risks. This will be reviewed at a future care inspection.

6.2.5 Leadership and governance

There was a clear management structure within the home and the manager was available throughout the inspection process. Staff commented positively about the manager stating they were available for guidance and support. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

We looked at the records of accidents and incidents which occurred in the home; we found that these were managed appropriately. Review of records confirmed systems were in place to monitor staffs' registrations with their relevant professional bodies.

The manager confirmed that staff training was actively managed. Review of mandatory training compliance rates evidenced a high completion rate and appropriate records were maintained.

We reviewed records which confirmed that there was a system of audits which covered areas such as falls, wounds, IPC, hand hygiene, care records and accidents and incidents. These audits were designed to ensure that the manager had full oversight of all necessary areas. Given the deficits identified during the inspection, we discussed ways the manager could enhance the current governance systems particularly with regards to the care records, hand hygiene and PPE use. The manager agreed to review these.

We examined the reports of the visits by the registered provider from December 2020 to February 2021. All operational areas of the management of the home were covered. Where any issues were identified, an action plan was developed which included timescales and the person responsible for completing the action.

Areas of good practice

We found good practice throughout this inspection in relation to the warm and supportive interactions between patients and staff.

Areas for improvement

Seven areas for improvement were identified. These related to the planning of care, falls management, infection prevention and control practices, use of clothing protectors, evaluation of care and activity provision.

	Regulations	Standards
Total number of areas for improvement	4	3

6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Throughout the inspection, patients within the home were attended to by staff in a prompt and respectful manner.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jogin George, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (4) Stated: First time To be completed by: 31 March 2019	<p>The registered person shall ensure that there is liaison with the HSC trust in relation to the identified patient who has consistently low or negative funds. Any expenditure beyond what the identified patient had available should not be met from funds drawn from the pool of patients' monies.</p> <p>Ref: 6.5</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Regulation 16 (1) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that initial care plans are developed for newly admitted patients from day one of admission to guide staff in the immediate delivery of care.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Nurses have been reminded that initial care plans based on pre admission information are required to be developed within 24 hours of admission with priority focus being given to high risk care needs. This will be audited internally and also within Reg 29 visits</p>
Area for improvement 3 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: All nurses have been reminded of their responsibilities in this area in a Focus Meeting and are completing a Falls Management Focus Learning which is a refresher for the nurses in expected standards of records post falls. The Registered Manager will audit standard of completion as he completes log after each fall incident. Standards in completion will also be reviewed during REG 29 visits.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 16 (1) (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure care plans are implemented and reviewed by registered nurses in consultation with the patient or patient's representative.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Nurses have been reminded of the importance of involvement of resident/their representative in the care planning process and have been provided with related guidance within a Focus Meeting. This will be audited within care plan audits by senior staff in the Home and within Reg 29 visits</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: All staff have been reminded about their responsibilities in relation to IPC in a focus meeting. Staff have watched the PPE video again and new IPC audits have been implemented to ensure compliance with best practice. These are regularly reviewed by senior staff and monitored during Reg 29 visits.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 01 April 2019</p>	<p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.5</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 12.25</p> <p>Stated: First time</p> <p>To be completed by: 1 April 2021</p>	<p>The registered person shall ensure that dignified clothing protectors are provided for patients who require this form of provision.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Dignified clothing protectors are provided for the residents and use of same will be monitored on an ongoing basis by the senior staff in the Home and within Reg 29 visits</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure monthly care plan review and daily evaluation records are meaningful and patient centred.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Nurses have been completed supervision regarding importance of care plan evaluations and shift progress notes being meaningful and patient centred and have been reminded further of responsibilities in this area in a Focus Meeting. There will be ongoing auditing by senior staff in the Home and within Reg 29 visits</p>
<p>Area for improvement 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the programme of activities is displayed in a suitable format in the home. This should be developed with the patients and reviewed at least twice yearly to ensure it meets patients changing needs.</p> <p>Arrangements for the provision of activities should be in place in the absence of the activity co-ordinator. A contemporaneous record of activities delivered must be retained. Activities must be integral part of the care process with daily progress notes reflecting activity provision.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Activities Coordinator now in post, meetings have been held with residents to gain their views and preferences, programme is displayed in each unit and participation records are being completed. These will continue to be reviewed by senior staff in the Home and within the Reg 29 visit</p>

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



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