

# Inspection Report

**27 May 2021**



## **Braefield**

**Type of Service: Nursing Home**

**Address: 2-6 Carncome Road,**

**Connor, Ballymena**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Healthcare Ireland (Belfast) Limited</p> <p><b>Responsible Individual:</b> Miss Amanda Celine Mitchell</p>	<p><b>Registered Manager:</b> Mr Jogin George - not registered</p>
<p><b>Person in charge at the time of inspection:</b> Mr Jogin George</p>	<p><b>Number of registered places:</b> 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 1 named resident receiving residential care in category RC-I.</p>
<p><b>Categories of care:</b> 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><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 43</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 53 persons. Patient bedrooms are located over two floors. Patients have access to communal lounges, dining rooms and a garden.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 27 May 2021 from 9.20 am to 6.20 pm by the 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 about the environment, safe storage of medication, infection prevention and control (IPC), care records and reporting of notifiable events.

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.

Comments received from patients, relatives and staff are included in this report.

RQIA were assured that by addressing the areas for improvement this would improve the delivery of care and services provided in Braefield. RQIA were satisfied that care was safe, effective, compassionate and that the home was well led.

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.

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 patients, their relatives or visitors and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

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.

At the end of the inspection the manager was provided with details of the findings.

#### 4.0 What people told us about the service

Ten patients and three staff spoken with were happy with the care in the home and patients told us they were well looked after. Two questionnaires from relatives were received and they confirmed that they were either satisfied or very satisfied that care in the home was safe, effective, compassionate and that the home was well led.

#### 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 01 March 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 16 (1) <b>Stated:</b> First time	<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>	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.		
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (1) (a) (b) <b>Stated:</b> First time	<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>	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.		

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 16 (1) (2) (b)</p> <p><b>Stated:</b> First time</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><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</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. A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12.25</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that dignified clothing protectors are provided for patients who require this form of provision.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure monthly care plan review and daily evaluation records are meaningful and patient centred.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</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.</p> <p>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><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
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## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. There was a robust system in place to ensure staff were recruited correctly to protect patients as far as possible. All staff were provided with a comprehensive induction programme to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including infection prevention and control and regular staff meetings were held.

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 all of 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.

Staff responded to the needs of the patients in a timely way and provided patients with a choice on how they wished to spend their day. For example, staff assisted patients to make video calls to their family and to make their way to their chosen seats in the lounge.

A patient said that staff took a bit longer to come if they were busy. This feedback was discussed with the manager for him to review.

Patients told us they were looked after well. Staff told us they had no concerns about the number of staff on duty, or their ability to respond to patients needs without delay.

The management team ensured that the staff on duty met the patients' needs in a safe, effective and compassionate manner.

### **5.2.2 How does this service ensure patients feel safe from harm and are safe in 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. The manager was identified as the appointed safeguarding champion for the home.

Review of staff training records confirmed that all staff were required to completed adult safeguarding training on a yearly basis. Staff told us they were confident about reporting concerns about patients' safety and poor practice.

The manager said that patients and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home. 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.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. Review of patient records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was required. It was good to note that patients who had capacity were actively involved in the consultation process and could give informed consent.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs. For example, staff were aware of patients preferences of food and fluids and where they preferred to spend their day.

Patients said they felt safe in the home and had no concerns about their environment. Staff were content that patients' needs were met in a safe and compassionate manner.

It was established that patients were cared for safely and that they felt safe in the home.

### **5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?**

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, and communal areas such as lounges, dining rooms and bathrooms. There was evidence that the environment was generally well maintained and a review of records confirmed that all the required safety checks and measures were in place and regularly monitored.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; 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 throughout the home of 'homely' touches such as snacks and drinks available, art work completed by patients and access to the communal courtyard area. The outside area of the home required attention to provide a comfortable and tidy area for patients to use in the warmer weather and flooring in bedrooms required repair or replacement. The manager confirmed that work was under way to replace the bedroom flooring and the courtyard area would be tidied up.

A number of wash hand basins in patients' bedrooms were either broken or cracked and required to be repaired or replaced; and a number of walls required to be repainted as they were chipped exposing the plaster beneath. This was discussed with the manager and an area for improvement was identified.

We saw that generally residents' medicines were safely managed and administered, although it was noted that a prescribed fluid thickening agent was stored in an unlocked cupboard in the dining room. The thickening agent was removed and 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. Corridors leading to fire exits were clear from clutter and obstacles.

Patients and visitors said they were happy that the home was safe and the environment was well maintained.

Generally the home was well maintained however, addressing the areas identified for improvement will make sure patients are comfortable and safe.

#### **5.2.4 How does this service manage the risk of infection?**

The manager told us that systems and processes were in place to manage the risks associated with COVID-19 infection and other infectious diseases. For example, 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).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

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.



It was noted that patient equipment such as crash mats and buzzer mats were not clean, and hoisting equipment was stored in bathrooms. Cups used in the dining area were stained and looked unclean. These areas were identified for improvement.

Patients and patients' visitors said that staff kept their rooms clean and tidy. No concerns were raised about the cleanliness of the home.

Generally infection prevention and control practices were good however, addressing the areas identified for improvement will make sure patients are safe.

### **5.2.5 What arrangements are in place to ensure patients receive the right care at the right time?**

Staff met at the beginning of each shift to discuss any changes in 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.

Patients who were less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Patients who required this care had this clearly record in their care records.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example buzzer mats and alarms were in place and care plans were completed for these measures.

Examination of records and discussion with the manager and 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. Patient may require a range of support with meals which could 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. Patients were enjoying their meal and it was evident. Those 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 mistakes about modified food and fluids were not made.

There was choice of meal 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 said the lunch meal was lovely and complimented the choice of meal available. Visitors said they had no concerns about the meals in the home and were happy that staff kept them up to date on their relatives care.

It was established that systems were in place which ensured patients received the right care at the right time.

### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?**

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 generally well maintained; however, they were not regularly reviewed and updated to ensure they continued to meet the patients' needs. For example, out of date care plans needed to be removed from the care records, monthly reviews required completion and pressure relieving mattress settings required to be added to some of the care plans. An area for improvement was identified.

Patients' individual likes and preferences were reflected throughout the records reviewed. Care plans contained 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. Patient's choice was considered for the activities available during the day.

The updating and regular review of care records will ensure that they reflect the changing needs of patients.

### **5.2.7 How does the service support patients to have meaning and purpose to their day?**

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or get up early if preferred. Patients could choose to remain in their own rooms or spend time in the lounge.

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 reviewing of menu choices.

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.

There was a range of activities provided for patients and included painting, yoga, boules, card games and one to one activities. As said previously, patients had been consulted about the activity programme.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Family visitors said they had been kept up to date and were well informed about their relatives during Covid-19 and they continued to be updated by staff regularly.

It was evident that the service supported patients to have meaning and purpose to their day through patient choice and the provision of activities which were meaningful to them.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

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.

There has been no change in the management of the home since the last inspection.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or members of the team completed regular audit of care records, wound care, IPC, nutrition and restrictive practices.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described him as supportive, approachable and always available for guidance. Staff said they worked well as a team and were well led by the manager on a daily basis.

There was a system in place to ensure accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA; however, not all notifiable accidents and incidents had been notified to RQIA. An area for improvement was identified.

Confirmation of regular visits by the representative of the responsible individual was provided in the form a monthly report on the quality of services and care provided by the home. Any concerns or actions were noted within the report with action completion dates recorded.

These reports were available on request for review by patients, their representatives, the Trust and RQIA.

Generally there were good systems in place to monitor the quality of care and services provided by the home and the compliance with reporting of notifiable accidents and incidents to RQIA would provide further assurance.

## **6.0 Conclusion**

Patients said they felt safe in the home and were well looked after. The home was welcoming and homely. Further action was required to address the areas identified for improvement which are detailed in the Quality Improvement Plan (QIP).

As a result of this inspection five areas for improvement were identified. Details can be found in the QIP included.

Based on the inspection findings we are satisfied that this service is providing safe and effective care in a caring and compassionate manner, that the service is well led and the manager would address the areas identified for improvement in the QIP.

## 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 the Care Standards for Nursing Homes 2015.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	3

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time <b>To be completed by:</b> Immediately from the date of inspection	The responsible individual shall make suitable arrangements to minimise the risk of infection by addressing the IPC issues highlighted in the report.  Ref: 5.2.4  <b>Response by registered person detailing the actions taken:</b> The Registered Manager [Acting] has completed a focus meeting on the importance of IPC in particular in relation to equipment including safety crash mats and alarm mats. Cleaning schedules have been enhanced to remind staff they are to be cleaned on a daily basis. The Registered Manager [Acting] will monitor compliance during daily walk round and this will be further validated within the support and REG 29 visits.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The responsible individual shall ensure that all notifiable incidents and accidents are reported to RQIA without delay.</p> <p>Ref: 5.2.8</p> <p><b>Response by registered person detailing the actions taken:</b> It was agreed during inspection what accident /incidents the Lead Inspector would like the Registered Manager [Acting] to report. The Registered Manager [Acting] shall ensure that all notifiable incidents as requested by the inspector are reported to the RQIA without delay. Compliance will be monitored within support and Reg 29 visits.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2021</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> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager [Acting] can confirm that all the cracked/ broken hand basins are replaced on 28.6.21. A full survey of the home was completed and a redecoration programme developed from this. This will remain under review by the Registered Manager [Acting] and within support and REG 29 visits</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The responsible individual shall ensure any medication which is kept in the nursing home is stored in a secure place.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All registered nurses and care assistants have had focus meeting reminding them of their responsibilities in relation to safe storage of medication in respect to the safe storage of food thickening agents. A locked cupboard has now being provided with keys available for the staff. The Registered Manager [Acting] will monitor compliance during daily walkround and this will be further monitored during support and REG 29 visits.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> 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> <p>Ref: 5.2.6</p>
<p><b>To be completed by:</b> 30 June 2021</p>	<p><b>Response by registered person detailing the actions taken:</b> Registered nurses have attended a meeting with Regional Area Manager where primary focus was the required improvements in relation to care records and guidance was provided. Nurses unable to attend have now met with the Registered Manager [Acting] /Deputy Manager to cover same. An enhanced auditing system has been developed to monitor compliance. This will be validated during support and REG 29 visits.</p>

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



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