

Inspection Report

26 June 2024



Braefield Nursing Home

Type of Service: Nursing Home

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www.rqia.org.uk

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 Andrea Louise Campbell</p>	<p>Registered Manager: Mrs Dana Patterson – not registered</p>
<p>Person in charge at the time of inspection: Mrs Dana Patterson - 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: 53</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 over two floors with communal lounges, dining rooms, bathrooms and individual bedrooms.</p> <p>There are mature gardens surrounding the home and access to the local village.</p>	

2.0 Inspection summary

An unannounced inspection took place on 26 June 2024, from 9.30 am to 5.00 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.

Areas requiring improvement were identified and are included in the main body of this report and 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 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 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 management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients and staff were spoken with individually and in small groups about living and working in Braefield Nursing Home.

Patients said staff looked after them well and responded if they used their call bell. They were also complimentary about the food provided and the cleanliness of their rooms.

Staff confirmed they received training for their roles, worked well as a team and knew patients' individual care needs. One staff member felt that staffing could be increased at meal times. This was brought to the manager's attention for her review and action as required.

There were no responses received from the online survey and the questionnaires provided during the inspection.

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?

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Areas for improvement from the last inspection on 21 September 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: First time	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.	Partially met
	Action taken as confirmed during the inspection: This area for improvement has been partially met and is discussed further in section 5.2.3. This area for improvement has been stated for a second time.	
Area for improvement 2 Ref: Regulation 14 (2)(a) Stated: First time	The responsible individual shall ensure all parts of the home to which patients have access are free from hazards to their safety.	Met
	Action taken as confirmed during the inspection: Evidence showed that this area for improvement has been met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 12.25 Stated: First time	The responsible individual shall ensure patients are provided with appropriate clothing protectors during mealtimes.	Met
	Action taken as confirmed during the inspection: Evidence showed that this area for improvement has been met.	
Area for improvement 2 Ref: Standard 44 Stated: First time	The responsible individual shall ensure the premises remain suitable, clean and well maintained for their 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.	

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 record staff training to do their job. Mandatory training included dementia awareness, fire safety and adult safeguarding. Review of the staff training matrix however, identified that a number of the mandatory training content had not been completed in a timely way. An area for improvement was identified.

A monthly check was completed to ensure that staff maintained their registration with their professional body including; the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

Staff said there was good team work and that they felt well supported in their role, however, felt that additional staff would be of benefit during meal times to assist patients. This was brought to the manager's attention for her review and action if required.

The staff duty rota generally 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 rota did not include the hours worked by the deputy manager and the manager. An area for improvement was identified.

Staff told us that the patients' needs and wishes were very important to them. 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 confirmed that they 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.

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, alarm mats. A record was kept of restrictive practices in the home.

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 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 always accurately reflect the patients' needs and supplementary records reviewed were not all up to date. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, mobility aids and staff supervision. Falls were reviewed on a monthly basis to identify any patterns or trends which could be addressed.

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 in some of the dining rooms, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining 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 were no up to date menus evident in two of the dining rooms used by patients. An area for improvement was identified.

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 noted to be accessible in an unlocked room. This was brought to the attention of the manager for action and an area for improvement was identified.

While care records were generally well maintained evaluation of a number of care records for activities were noted to lack a detailed regular review. An area for improvement was identified.

Patients' individual likes and preferences were reflected throughout the records. Care plans contained 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.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was generally well presented, however, some areas were in need of repair and redecoration. An area for improvement was identified.

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 throughout the home of 'homely' touches such as snacks and drinks available and access to a kitchenette.

Staff were aware of their training in relation to fire safety and how to respond to any concerns or risks. While the actions from the most recent fire risk assessment were confirmed by the manager as having been completed, it was identified that a fire closure mechanism on a patient's door was broken, a fire extinguisher had been removed from a wall and placed in a locked office and the smoking room floor had multiple burn marks. This was brought to the attention of the manager for her immediate attention and an area for improvement was identified.

A number of infection prevention and control issues were identified including, but not limited to, personal protective equipment stored inappropriately and pressure relieving mattress control boxes sitting on floors. This area for improvement has been stated for a second time.

A number of issues were identified in relation to health and safety including a hot copper pipe with no cover and an unattended snack trolley. This was brought to staff attention for immediate action and an area for improvement was identified.

A treatment room was observed to be unlocked and the door did not close fully providing access to medications and fluid thickening powders. This was brought to staff attention for immediate action and an area for improvement was identified.

Patients were not able to access two toilets in one of the units in the home as they were locked by staff due to repairs required and not completed. An area for improvement was identified.

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 a lie in or stay up late to watch TV. Could have birthday parties with family/friends in their room or one of the lounges and 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.

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 by staff. As said previously patients had been consulted/ helped plan 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. 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 a change in the management of the home since the last inspection. Mrs Dana Patterson has been the acting manager in this home since 14 May 2024 and plans to apply as registered manager.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The actions from the care file audits and domestic cleaning audits required addressing in a timely manner. An area for improvement was identified.

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 documented.

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.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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 the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	5*	9*

*The total number of areas for improvement includes one regulation which has been stated for a second time and one standard which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 (26 June 2024)	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. Ref: 5.1 and 5.2.3 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>Area for improvement 2</p> <p>Ref: Regulation 19 (1)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (26 June 2024)</p>	<p>The responsible individual shall ensure that patients' care records are stored securely in the nursing home.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>There are daily walk arounds by the Home Manager to ensure care records are securely stored. Supervisions with individual nursing and care staff ensures all staff are aware of their responsibilities relating to data protection.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (26 June 2024)</p>	<p>The responsible individual shall ensure there is adequate precautions against the risk of fire including adequate access to fire extinguishers and working fire door closure mechanisms.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Fire risk action plan completed. Fire drills taking place and tracker in place for same. Any issues relating to fire safety is addressed immediately by home manager.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (26 June 2024)</p>	<p>The responsible individual shall ensure all parts of the home to which patients have access to are free from hazards to their safety. This is in relation to a hot water pipe and an unattended snack trolley.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Hot pipe has been addressed. Home manager will continue to monitor for hazards and will address immediately with maintenance. Staff training arranged for staff in relation to safety pause and IDDSI requirements.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)(a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (26 June 2024)</p>	<p>The responsible individual shall ensure that medicine which is kept in the home is stored in a secure place.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Home manager will monitor on daily walkround. Staff nurses will be given supervisions as required in relation to treatment room doors being left unlocked.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 21 September 2023</p>	<p>The responsible individual shall ensure the premises remain suitable, clean and well maintained for their purpose.</p> <p>Ref: 5.1 and 5.2.3</p>
	<p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2024</p>	<p>The responsible individual shall ensure staff receive and complete all mandatory training for their roles and responsibilities.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff have access to training platform. Home manager reviews statistics of staff training weekly and addresses non compliance with individuals as required.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2024</p>	<p>The responsible individual shall ensure a record is kept of staff working over a 24-hour period and the capacity in which they worked. This is in relation to the manager's hours being included on the rota.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>New rotas are in place with all staff hours worked recorded. This is kept at main reception and is reviewed by home manager every four weeks.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (26 June 2024)</p>	<p>The responsible individual shall ensure care records including supplementary records are accurately recorded for the repositioning needs of patients.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Supplementary records will be reviewed at end of each shift by Staff nurses and reviewed weekly by Home manger to ensure records are accurately recorded for the repositioning needs of patients. Staff supervisions will be given to individual staff who are not competing records appropriately.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2024</p>	<p>The responsible individual shall ensure that an up to date menu is displayed in all dining rooms.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Pictorial menus are on display and communal menus will be monitored on daily walkrounds by home manager and nurse in charge.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2024</p>	<p>The responsible individual shall ensure care records for patient activities are updated on a regular basis and are patient centred and meaningful.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Activity notes will be reviewed and audited on a monthly basis to ensure there is meaningful engagement and involvement from keyworkers supporting resident .</p>
<p>Area for improvement 7</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2024</p>	<p>The responsible individual shall ensure that the premises are kept clean, well-maintained and suitably decorated for its purpose.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Home manager will ensure all estate issues in relation to home décor are reported to maintenance. Home manager will monitor cleanliness of home on daily walkrounds and any issues will be addressed immediately. Meetings will be held monthly with domestic staff and all domestic paperwork will be reviewed weekly.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 5.3</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2024</p>	<p>The responsible individual shall ensure that appropriate risk management planning takes into account the individual rights of all patients in the home when considering restricting the use of communal areas in the home.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Home manager will monitor communal areas in the home on daily walkrounds. Risk assessments will be completed if required in relation to restriction of communal area.</p>

<p>Area for improvement 9</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2025</p>	<p>The responsible individual shall ensure that the actions from the care file and domestic cleaning audits are addressed.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Registered Manager will refer to each action plan promptly. This will be overseen by the Regional Manager on a monthly basis</p>

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